

Fill in this information to identify your case:

United States Bankruptcy Court for the:

**Western District of Washington**

Case number (*If known*): \_\_\_\_\_ Chapter you are filing under:

- Chapter 7  
 Chapter 11  
 Chapter 12  
 Chapter 13

Check if this is an amended filing

**Official Form 101**

**Voluntary Petition for Individuals Filing for Bankruptcy**

12/22

The bankruptcy forms use *you* and *Debtor 1* to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint* case—and in joint cases, these forms use *you* to ask for information from both debtors. For example, if a form asks, “Do you own a car,” the answer would be *yes* if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1: Identify Yourself**

**About Debtor 1:**

**1. Your full name**

Write the name that is on your government-issued picture identification (for example, your driver's license or passport).

Bring your picture identification to your meeting with the trustee.

**Kristie**

First name

**Edna**

Middle name

**Bumstead**

Last name

Suffix (Sr., Jr, II, III)

**About Debtor 2 (Spouse Only in a Joint Case):**

First name

Middle name

Last name

Suffix (Sr., Jr, II, III)

**2. All other names you have used in the last 8 years**

Include your married or maiden names and any assumed, trade names and *doing business as* names.

Do NOT list the name of any separate legal entity such as a corporation, partnership, or LLC that is not filing this petition.

First name

Middle name

Last name

**DBA CLARITY CAPITAL MANAGEMENT**

Business name (if applicable)

Business name (if applicable)

First name

Middle name

Last name

Business name (if applicable)

Business name (if applicable)

**3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)**

xxx - xx - 3 2 7 1

OR

9xx - xx - \_\_\_\_\_

xxx - xx - \_\_\_\_\_

OR

9xx - xx - \_\_\_\_\_

Debtor 1

Kristie

Edna

Bumstead

First Name

Middle Name

Last Name

Case number (if known) \_\_\_\_\_

**About Debtor 1:**

**4. Your Employer Identification Number (EIN), if any.**

9 3 - 4 0 4 9 0 5 8  
EIN

— — — — —  
EIN

**About Debtor 2 (Spouse Only in a Joint Case):**

— — — — —  
EIN

— — — — —  
EIN

**5. Where you live**

**6229 Bock Avenue**

Number Street

Number Street

**Sumner, WA 98390**

City State ZIP Code

City State ZIP Code

**Pierce**

County

County

If your mailing address is different from the one above,  
fill it in here. Note that the court will send any notices to  
you at this mailing address.

Number Street

Number Street

P.O. Box

P.O. Box

City

State ZIP Code

City

State ZIP Code

**6. Why you are choosing *this district* to file for bankruptcy**

*Check one:*

- Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.
- I have another reason. Explain.  
(See 28 U.S.C. § 1408)

*Check one:*

- Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.
- I have another reason. Explain.  
(See 28 U.S.C. § 1408)

**Debtor 1**

**Kristie**

Edna

Bumstead

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First Name

Middle Name

Last Name

Case number (*if known*)

## **Part 2: Tell the Court About Your Bankruptcy Case**

7. **The chapter of the Bankruptcy Code you are choosing to file under** *Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box.*

Chapter 7

- Chapter 7
  - Chapter 11
  - Chapter 12
  - Chapter 13

- #### **8. How you will pay the fee**

- I will pay the entire fee when I file my petition.** Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.

**I need to pay the fee in installments.** If you choose this option, sign and attach the *Application for Individuals to Pay The Filing Fee in Installments* (Official Form 103A).

**I request that my fee be waived** (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the *Application to Have the Chapter 7 Filing Fee Waived* (Official Form 103B) and file it with your petition.

- 9. Have you filed for bankruptcy within the last 8 years?**

- No.

- Yes. District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_  
MM / DD / YYYY  
District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_  
MM / DD / YYYY  
District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_  
MM / DD / YYYY

10. Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?

- No.

- |                               |                     |                       |
|-------------------------------|---------------------|-----------------------|
| <input type="checkbox"/> Yes. | Debtor              | Relationship to you   |
|                               | <hr/>               |                       |
| District                      | When                | Case number, if known |
|                               | MM / DD / YYYY      |                       |
|                               |                     |                       |
| Debtor                        | Relationship to you |                       |
| <hr/>                         |                     |                       |
| District                      | When                | Case number, if known |
|                               | MM / DD / YYYY      |                       |

- 11. Do you rent your residence?**

- No. Go to line 12.

- Yes. Has your landlord obtained an eviction judgment against you?

- No. Go to line 12.

- Yes. Fill out *Initial Statement About an Eviction Judgment Against You* (Form 101A) and file it as part of this bankruptcy petition.

Debtor 1

**Kristie****Edna****Bumstead**

First Name

Middle Name

Last Name

Case number (if known) \_\_\_\_\_

**Part 3: Report About Any Businesses You Own as a Sole Proprietor**

- 12. Are you a sole proprietor of any full- or part-time business?**

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.

No. Go to Part 4.

Yes. Name and location of business

**DBA CLARITY CAPITAL MANAGEMENT**

Name of business, if any

**909 Alder Ave Ste 102**

Number Street

**Sumner**

City

**WA**

State

**98390**

ZIP Code

*Check the appropriate box to describe your business:*

Health Care Business (as defined in 11 U.S.C. § 101(27A))

Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))

Stockbroker (as defined in 11 U.S.C. § 101(53A))

Commodity Broker (as defined in 11 U.S.C. § 101(6))

None of the above

- 13. Are you filing under Chapter 11 of the Bankruptcy Code, and are you a *small business debtor* or a debtor as defined by 11 U.S.C. § 1182(1)?**

For a definition of *small business debtor*, see 11 U.S.C. § 101(51D).

*If you are filing under Chapter 11, the court must know whether you are a small business debtor or a debtor choosing to proceed under Subchapter V so that it can set appropriate deadlines. If you indicate that you are a small business debtor or you are choosing to proceed under Subchapter V, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).*

No. I am not filing under Chapter 11.

No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.

Yes. I am filing under Chapter 11, I am a small business debtor according to the definition in the Bankruptcy Code, and I do not choose to proceed under Subchapter V of Chapter 11.

Yes. I am filing under Chapter 11, I am a debtor according to the definition in § 1182(1) of the Bankruptcy Code, and I choose to proceed under Subchapter V of Chapter 11.

Debtor 1

Kristie

Edna

Bumstead

First Name

Middle Name

Last Name

Case number (if known) \_\_\_\_\_

**Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention**

**14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?**

*For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?*

No.

Yes. What is the hazard? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If immediate attention is needed, why is it needed?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Where is the property?  
\_\_\_\_\_

Number

Street  
\_\_\_\_\_

City

State

ZIP Code

**Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling****15. Tell the court whether you have received a briefing about credit counseling.**

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

**About Debtor 1:**

*You must check one:*

- I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

- I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

- I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

- I am not required to receive a briefing about credit counseling because of:

- Incapacity.** I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.
- Disability.** My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.
- Active duty.** I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

**About Debtor 2 (Spouse Only in a Joint Case):**

*You must check one:*

- I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

- I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

- I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

- I am not required to receive a briefing about credit counseling because of:

- Incapacity.** I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.
- Disability.** My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.
- Active duty.** I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Debtor 1

**Kristie****Edna****Bumstead**

First Name

Middle Name

Last Name

Case number (if known) \_\_\_\_\_

**Part 6: Answer These Questions for Reporting Purposes****16. What kind of debts do you have?****16a. Are your debts primarily consumer debts?** *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

- No. Go to line 16b.  
 Yes. Go to line 17.

**16b. Are your debts primarily business debts?** *Business debts* are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.

- No. Go to line 16c.  
 Yes. Go to line 17.

**16c. State the type of debts you owe that are not consumer debts or business debts.****17. Are you filing under Chapter 7?**

No. I am not filing under Chapter 7. Go to line 18.

Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?

- No  
 Yes

**18. How many creditors do you estimate that you owe?**

- |  |  |  |   |  |
|--|--|--|---|--|
| <input checked="" type="checkbox"/> 1-49 | <input type="checkbox"/> 1,000-5,000   | <input type="checkbox"/> 25,001-50,000 | <input type="checkbox"/> 50,000-100,000 | <input type="checkbox"/> More than 100,000 |
| <input type="checkbox"/> 50-99           | <input type="checkbox"/> 5,001-10,000  |  |   |  |
| <input type="checkbox"/> 100-199         | <input type="checkbox"/> 10,001-25,000 |  |   |  |
| <input type="checkbox"/> 200-999         |  |  |   |  |

**19. How much do you estimate your assets to be worth?**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> \$0-\$50,000          | <input checked="" type="checkbox"/> \$1,000,001-\$10 million | <input type="checkbox"/> \$500,000,001-\$1 billion     |
| <input type="checkbox"/> \$50,001-\$100,000    | <input type="checkbox"/> \$10,000,001-\$50 million           | <input type="checkbox"/> \$1,000,000,001-\$10 billion  |
| <input type="checkbox"/> \$100,001-\$500,000   | <input type="checkbox"/> \$50,000,001-\$100 million          | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input type="checkbox"/> \$500,001-\$1 million | <input type="checkbox"/> \$100,000,001-\$500 million         | <input type="checkbox"/> More than \$50 billion        |

**20. How much do you estimate your liabilities to be?**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> \$0-\$50,000          | <input checked="" type="checkbox"/> \$1,000,001-\$10 million | <input type="checkbox"/> \$500,000,001-\$1 billion     |
| <input type="checkbox"/> \$50,001-\$100,000    | <input type="checkbox"/> \$10,000,001-\$50 million           | <input type="checkbox"/> \$1,000,000,001-\$10 billion  |
| <input type="checkbox"/> \$100,001-\$500,000   | <input type="checkbox"/> \$50,000,001-\$100 million          | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input type="checkbox"/> \$500,001-\$1 million | <input type="checkbox"/> \$100,000,001-\$500 million         | <input type="checkbox"/> More than \$50 billion        |

**Part 7: Sign Below****For you**

I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

X *Kristie Edna Bumstead*

Kristie Edna Bumstead, Debtor 1

Executed on 02/06/2024  
MM/ DD/ YYYY

Debtor 1

**Kristie** **Edna** **Bumstead**  
First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**For your attorney, if you are represented by one**

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

X

/s/ **Mark Charles McClure**

Signature of Attorney for Debtor

Date 02/06/2024

MM / DD / YYYY

**Mark Charles McClure**

Printed name

**Law Office of Mark McClure, PS**

Firm name

**1103 W Meeker St 101**

Number Street

**Kent**

City

**WA**

State ZIP Code

Contact phone (253) 631-6484

Email address mark@mcclurelawgroup.com

**24393**

Bar number

**WA**

State

Fill in this information to identify your case and this filing:

Debtor 1	<b>Kristie</b> First Name	<b>Edna</b> Middle Name	<b>Bumstead</b> Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <u>Western</u>		District of	<u>Washington</u>
Case number _____			

Check if this is an amended filing

## Official Form 106A/B

### Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

No. Go to Part 2.

Yes. Where is the property?

1.1 6229 Bock Avenue, Sumner, WA 98390

Street address, if available, or other description

6229 Bock Avenue

Sumner, WA 98390

City State ZIP Code

Pierce

County

**What is the property?** Check all that apply.

- Single-family home
- Duplex or multi-unit building
- Condominium or cooperative
- Manufactured or mobile home
- Land
- Investment property
- Timeshare
- Other \_\_\_\_\_

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?

\$865,700.00

Current value of the portion you own?

\$865,700.00

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

Fee Simple

Check if this is community property (see instructions)

**Who has an interest in the property?** Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another

Other information you wish to add about this item, such as local property identification number: \_\_\_\_\_

Source of Value: Zillow.com as of 10/31/2023

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here ..... →

\$865,700.00

#### Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on *Schedule G: Executory Contracts and Unexpired Leases*.

3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

No

Yes

3.1 Make: <u>Acura</u>	<b>Who has an interest in the property?</b> Check one.		
Model: <u>MDX</u>	<input type="checkbox"/> Debtor 1 only	Do not deduct secured claims or exemptions. Put the amount of any secured claims on <i>Schedule D: Creditors Who Have Claims Secured by Property</i> .	
Year: <u>2022</u>	<input type="checkbox"/> Debtor 2 only		
Approximate mileage: _____	<input type="checkbox"/> Debtor 1 and Debtor 2 only		
Other information:	<input checked="" type="checkbox"/> At least one of the debtors and another		
<input checked="" type="checkbox"/> <b>Check if this is community property</b> (see instructions)		<b>Current value of the entire property?</b>	<b>Current value of the portion you own?</b>
		<u>\$40,770.00</u>	<u>\$40,770.00</u>
<div style="border: 1px solid black; padding: 5px; width: 100%; height: 40px; margin-top: 10px;">Acura</div>			

If you own or have more than one, describe here:

3.2 Make: <u>Audi</u>	<b>Who has an interest in the property?</b> Check one.		
Model: <u>A6</u>	<input type="checkbox"/> Debtor 1 only	Do not deduct secured claims or exemptions. Put the amount of any secured claims on <i>Schedule D: Creditors Who Have Claims Secured by Property</i> .	
Year: <u>2017</u>	<input type="checkbox"/> Debtor 2 only		
Approximate mileage: _____	<input type="checkbox"/> Debtor 1 and Debtor 2 only		
Other information:	<input checked="" type="checkbox"/> At least one of the debtors and another		
<input checked="" type="checkbox"/> <b>Check if this is community property</b> (see instructions)		<b>Current value of the entire property?</b>	<b>Current value of the portion you own?</b>
		<u>\$15,210.00</u>	<u>\$15,210.00</u>
<div style="border: 1px solid black; padding: 5px; width: 100%; height: 40px; margin-top: 10px;">Audi</div>			

**4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories**

Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

- No  
 Yes

4.1 Make: <u>HEWESCRIFT 220 OCEAN</u>	<b>Who has an interest in the property?</b> Check one.		
Model: <u>Ocean Pro</u>	<input type="checkbox"/> Debtor 1 only	Do not deduct secured claims or exemptions. Put the amount of any secured claims on <i>Schedule D: Creditors Who Have Claims Secured by Property</i> .	
Year: <u>2017</u>	<input type="checkbox"/> Debtor 2 only		
Other information:	<input type="checkbox"/> Debtor 1 and Debtor 2 only		
<input checked="" type="checkbox"/> At least one of the debtors and another		<b>Current value of the entire property?</b>	<b>Current value of the portion you own?</b>
		<u>\$75,000.00</u>	<u>\$75,000.00</u>
<div style="border: 1px solid black; padding: 5px; width: 100%; height: 40px; margin-top: 10px;">24" plus 2018 EZLOADER TRAILER VIN-1ZEZLJVT9JA001096 VIN: HIN-HEW82886G717</div>			

**5. Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here** ..... →

\$130,980.00

**Part 3: Describe Your Personal and Household Items**

<b>Do you own or have any legal or equitable interest in any of the following items?</b>	<b>Current value of the portion you own?</b>
Do not deduct secured claims or exemptions.	

**6. Household goods and furnishings**

Examples: Major appliances, furniture, linens, china, kitchenware

 No Yes. Describe. ....

See Attached.

\$11,250.00

**7. Electronics**

Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

 No Yes. Describe. ....

Home Electronics

\$2,000.00

**8. Collectibles of value**

Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

 No Yes. Describe. ....**9. Equipment for sports and hobbies**

Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

 No Yes. Describe. ....

Camping Gear at storage unit

\$1,300.00

Fishing Gear

**10. Firearms**

Examples: Pistols, rifles, shotguns, ammunition, and related equipment

 No Yes. Describe. ....

Firearms

\$3,000.00

**11. Clothes**

Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories

 No Yes. Describe. ....

Clothing

\$500.00

**12. Jewelry**

Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

 No Yes. Describe. ....

Jewelry

\$2,000.00

**13. Non-farm animals***Examples:* Dogs, cats, birds, horses No Yes. Describe .....

2 Cats

\$0.00

2 Dogs

**14. Any other personal and household items you did not already list, including any health aids you did not list** No Yes. Give specific information. ....

--	--

**15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here .....**

\$20,050.00

**Part 4: Describe Your Financial Assets****Do you own or have any legal or equitable interest in any of the following?****Current value of the portion you own?**

Do not deduct secured claims or exemptions.

**16. Cash***Examples:* Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition No Yes .....

Cash: .....

**17. Deposits of money***Examples:* Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. No Yes .....

Institution name:

17.1. Checking account:	<u>Checking account US Bank - 9499 - as of 2/5/2024</u>	<u>\$2,829.40</u>
17.2. Checking account:	<u>Heritage Bank - business account - as of 2/5/2024</u> <u>Account Number: 6022</u>	<u>\$465.73</u>
17.3. Checking account:	<u>Heritage Bank 6030 as of 2/5/2024</u>	<u>\$119.18</u>
17.4. Checking account:	<u>Law Office of Mark McClure - IOLTA (account has funds sufficient for filing fee).</u>	<u>unknown</u>
17.5. Savings account:	<u>Haborstone CU as of 2/5/2024</u> <u>Account Number: 3807</u>	<u>\$5.00</u>
17.6. Savings account:	<u>Whatcom Education CU as of 2/5/2024</u> <u>Account Number: 7813</u>	<u>\$167.53</u>
17.7. Savings account:	<u>Whatcom Education CU as of 2/5/2024</u> <u>Account Number: XX63S1</u>	<u>\$17.05</u>

**18. Bonds, mutual funds, or publicly traded stocks**

*Examples:* Bond funds, investment accounts with brokerage firms, money market accounts

No

Yes ..... Institution or issuer name:

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**19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture**

No

Yes. Give specific information about them.....

Name of entity:

% of ownership:

<b>Clarity Capital Management Corporation</b>	<b>50.00%</b>
<b>Assets: DOR Refund pending \$3,381.</b>	
<b>Liabilities:</b>	
<b>Broken Lease - Van Doren \$246k</b>	
<b>Others.</b>	
 <b>CLARITY TAX MANAGEMENT P.S.</b>	 <b>100.00%</b>
<b>Aged AR greater than 90 days - \$4k face value - actual value likely zero.</b>	
 <b>dba Clarity Capital Management (sole proprietorship) - no independant entity value</b>	 <b>100.00%</b>

**20. Government and corporate bonds and other negotiable and non-negotiable instruments**

*Negotiable instruments* include personal checks, cashiers' checks, promissory notes, and money orders.

*Non-negotiable instruments* are those you cannot transfer to someone by signing or delivering them.

No

Yes. Give specific information about them.....

Issuer name:

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**21. Retirement or pension accounts**

*Examples:* Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

No

Yes. List each account separately. Type of account: \_\_\_\_\_ Institution name: \_\_\_\_\_

401(k) or similar plan: <u>401(k) - Kristie</u>	<u>\$89,951.00</u>
401(k) or similar plan: <u>401(k) - Matthew</u>	<u>\$168,499.00</u>

**22. Security deposits and prepayments**

Your share of all unused deposits you have made so that you may continue service or use from a company

*Examples:* Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

No

Yes .....

Institution name or individual:

Security deposit on rental unit: J AND M SUMNER PROPERTIES, LLC

\$3,400.00

**23. Annuities** (A contract for a periodic payment of money to you, either for life or for a number of years)

No

Yes .....

Issuer name and description:

_____	_____
_____	_____
_____	_____

**24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.**

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

No

Yes .....

Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c):

<u>Nest   Nest 529 Plan with Jill Bumstead listed as beneficiary; funded 15 years ago by husband's father.</u>	<u>\$0.00</u>
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**25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit**

No

Yes. Give specific information about them. ...

_____	_____
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**26. Patents, copyrights, trademarks, trade secrets, and other intellectual property**

*Examples:* Internet domain names, websites, proceeds from royalties and licensing agreements

No

Yes. Give specific information about them. ...

_____	_____
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**27. Licenses, franchises, and other general intangibles**

*Examples:* Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

No

Yes. Give specific information about them. ...

_____	_____
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**28. Money or property owed to you**

**Current value of the portion you own?**  
Do not deduct secured claims or exemptions.

**28. Tax refunds owed to you**

No

Yes. Give specific information about them, including whether you already filed the returns and the tax years. ....

2023 | 1040 estimated

Federal:

\$6,000.00

State:

Local:

**29. Family support**

Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

 No Yes. Give specific information. ....

Alimony:
Maintenance:
Support:
Divorce settlement:
Property settlement:

**30. Other amounts someone owes you**

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

 No Yes. Give specific information. ....

.....
.....

**31. Interests in insurance policies**

Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

 No

Yes. Name the insurance company of each policy and list its value. ...

Company name:

Beneficiary:

Surrender or refund value:

Transamerican Life Insurance

**Kristie Bumstead and children  
(purchaser / policy on non-filing  
spouse).**

\$26,725.77**32. Any interest in property that is due you from someone who has died**

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

 No Yes. Give specific information. ....

.....
.....

**33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment**

Examples: Accidents, employment disputes, insurance claims, or rights to sue

 No Yes. Describe each claim. ....

.....
.....

## 34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims

 No Yes. Describe each claim. ....

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## 35. Any financial assets you did not already list

 No Yes. Give specific information. ....

10/26/2022 Note with Robert Santorello re Purchase of "Book" - mutual default.	unknown
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## 36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here .....



\$298,179.66

**Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.**

## 37. Do you own or have any legal or equitable interest in any business-related property?

 No. Go to Part 6. Yes. Go to line 38.

Current value of the portion you own?  
Do not deduct secured claims or exemptions.

## 38. Accounts receivable or commissions you already earned

 No Yes. Describe. ....

non-filing spouse - AR from SB Advisory, LLC under RINRA Rule 2040 - approximate \$30k - non-assignable.

\$0.00

## 39. Office equipment, furnishings, and supplies

Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices

 No Yes. Describe. ....

Office Equipment, furnishings, and supplies

\$1,500.00

## 40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade

 No Yes. Describe. ....

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## 41. Inventory

 No Yes. Describe. ....

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**42. Interests in partnerships or joint ventures** No Yes. Describe .....

Name of entity:

% of ownership:

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**43. Customer lists, mailing lists, or other compilations** No Yes. Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))? No Yes. Describe. .... \_\_\_\_\_**44. Any business-related property you did not already list** No Yes. Give specific information .....

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**45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached for Part 5. Write that number here .....**

\$1,500.00

**Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1.****46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?** No. Go to Part 7. Yes. Go to line 47.

Current value of the portion you own?  
Do not deduct secured claims or exemptions.

**47. Farm animals**

Examples: Livestock, poultry, farm-raised fish

 No Yes ..... \_\_\_\_\_

## 48. Crops—either growing or harvested

 No Yes. Give specific information. ....

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## 49. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade

 No Yes .....

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## 50. Farm and fishing supplies, chemicals, and feed

 No Yes .....

--	--

## 51. Any farm- and commercial fishing-related property you did not already list

 No Yes. Give specific information. ....

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## 52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached for Part 6. Write that number here ..... →

\$0.00

**Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above**

## 53. Do you have other property of any kind you did not already list?

Examples: Season tickets, country club membership

 No Yes. Give specific information. ....

Potential Refund from WilmerHale -	unknown

## 54. Add the dollar value of all of your entries from Part 7. Write that number here ..... →

\$0.00

**Part 8: List the Totals of Each Part of this Form**

55. Part 1: Total real estate, line 2 .....	→	\$865,700.00
56. Part 2: Total vehicles, line 5		\$130,980.00
57. Part 3: Total personal and household items, line 15		\$20,050.00
58. Part 4: Total financial assets, line 36		\$298,179.66
59. Part 5: Total business-related property, line 45		\$1,500.00
60. Part 6: Total farm- and fishing-related property, line 52		\$0.00
61. Part 7: Total other property not listed, line 54	+	\$0.00

Debtor Bumstead, Kristie Edna

Case number (*if known*) \_\_\_\_\_

62. **Total personal property.** Add lines 56 through 61. ....

\$450,709.66

Copy personal property total →

+ \$450,709.66

63. **Total of all property on Schedule A/B.** Add line 55 + line 62. ....

\$1,316,409.66

**Continuation Page**

6.	<b>Household goods and furnishings</b>	
	<u>Appliances</u>	\$1,750.00
	<u>Food staples in storage unit</u>	\$100.00
	<u>Hand Tools / Yard Tools</u>	\$500.00
	<u>Home Decor / Christmas Decor at storage unit.</u>	\$100.00
	<u>Household Goods and Furnishings</u>	\$3,800.00
	<u>Laser Engraver</u>	\$5,000.00

Fill in this information to identify your case:

Debtor 1	Kristie	Edna	Bumstead
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	Western District of Washington		
Case number (if known)			

Check if this is an amended filing

## Official Form 106C

### Schedule C: The Property You Claim as Exempt

04/22

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

#### Part 1: Identify the Property You Claim as Exempt

Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

1.  You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)  
 You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
Brief description: 6229 Bock Avenue, Sumner, WA 98390 6229 Bock Avenue Sumner, WA 98390	\$865,700.00	<input type="checkbox"/> _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Wash. Rev. Code. § 6.13.030(b) (Allocated: \$445,700.00) _____
Line from <i>Schedule A/B:</i> 1.1			_____
Brief description: 2017 Audi A6 Audi	\$15,210.00	<input checked="" type="checkbox"/> \$5,824.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Wash. Rev. Code. § 6.15.010(1)(d)(iv) _____
Line from <i>Schedule A/B:</i> 3.2			_____

3. Are you claiming a homestead exemption of more than \$189,050?

(Subject to adjustment on 4/01/25 and every 3 years after that for cases filed on or after the date of adjustment.)

- No  
 Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?  
 No  
 Yes

Debtor 1

**Kristie****Edna****Bumstead**

First Name

Middle Name

Last Name

Case number (if known) \_\_\_\_\_

**Part 2: Additional Page**

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own Copy the value from Schedule A/B	Amount of the exemption you claim <i>Check only one box for each exemption.</i>	Specific laws that allow exemption
Brief description: 2017 HEWESCRIFT 220 OCEAN Ocean Pro VIN: HIN-HEW82886G717 24" plus 2018 EZLOADER TRAILER VIN-1ZEZLJVT9JA001096	\$75,000.00	<input checked="" type="checkbox"/> \$500.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Wash. Rev. Code. § 6.15.010(1)(d)(ii) _____ _____
Line from Schedule A/B: 4.1			
Brief description: Household Goods and Furnishings	\$3,800.00	<input checked="" type="checkbox"/> \$3,800.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Wash. Rev. Code. § 6.15.010(1)(d)(i) _____ _____
Line from Schedule A/B: 6			
Brief description: Appliances	\$1,750.00	<input checked="" type="checkbox"/> \$1,750.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Wash. Rev. Code. § 6.15.010(1)(d)(i) _____ _____
Line from Schedule A/B: 6			
Brief description: Laser Engraver	\$5,000.00	<input checked="" type="checkbox"/> \$0.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Wash. Rev. Code. § 6.15.010(1)(d)(ii) _____ _____
Line from Schedule A/B: 6			
Brief description: Hand Tools / Yard Tools	\$500.00	<input checked="" type="checkbox"/> \$0.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Wash. Rev. Code. § 6.15.010(1)(d)(i) _____ _____
Line from Schedule A/B: 6			
		<input checked="" type="checkbox"/> \$500.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Wash. Rev. Code. § 6.15.010(1)(d)(ii) _____ _____

Debtor 1

**Kristie****Edna****Bumstead**

First Name

Middle Name

Last Name

Case number (if known) \_\_\_\_\_

**Part 2: Additional Page**

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own Copy the value from Schedule A/B	Amount of the exemption you claim <i>Check only one box for each exemption.</i>	Specific laws that allow exemption
Brief description: Home Decor / Christmas Decor at storage unit.	\$100.00	<input checked="" type="checkbox"/> \$0.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Wash. Rev. Code. § 6.15.010(1)(d)(i)
Line from Schedule A/B: 6			
Brief description: Food staples in storage unit	\$100.00	<input checked="" type="checkbox"/> \$0.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Wash. Rev. Code. § 6.15.010(1)(d)(i)
Line from Schedule A/B: 6			
Brief description: Home Electronics	\$2,000.00	<input checked="" type="checkbox"/> \$950.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Wash. Rev. Code. § 6.15.010(1)(d)(i)
Line from Schedule A/B: 7			
Brief description: Camping Gear at storage unit	\$300.00	<input checked="" type="checkbox"/> \$0.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Wash. Rev. Code. § 6.15.010(1)(d)(i)
Line from Schedule A/B: 9			
Brief description: Fishing Gear	\$1,000.00	<input checked="" type="checkbox"/> \$0.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Wash. Rev. Code. § 6.15.010(1)(d)(i)
Line from Schedule A/B: 9			
Brief description: Firearms	\$3,000.00	<input checked="" type="checkbox"/> \$1,000.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Wash. Rev. Code. § 6.15.010(1)(d)(ii)
Line from Schedule A/B: 10			
Brief description: Clothing	\$500.00	<input checked="" type="checkbox"/> \$500.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Wash. Rev. Code. § 6.15.010(1)(a)
Line from Schedule A/B: 11			

Debtor 1 **Kristie** **Edna** **Bumstead** Case number (if known) \_\_\_\_\_  
 First Name Middle Name Last Name

**Part 2: Additional Page**

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own Copy the value from Schedule A/B	Amount of the exemption you claim <i>Check only one box for each exemption.</i>	Specific laws that allow exemption
Brief description: <u>Jewelry</u>	\$2,000.00	<input checked="" type="checkbox"/> \$2,000.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Wash. Rev. Code. § 6.15.010(1)(a) _____ _____
Line from Schedule A/B: <u>12</u>			
Brief description: <u>2 Dogs</u>	\$0.00	<input checked="" type="checkbox"/> \$0.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Wash. Rev. Code. § 6.15.010(1)(d)(i) _____ _____
Line from Schedule A/B: <u>13</u>			
Brief description: <u>2 Cats</u>	\$0.00	<input checked="" type="checkbox"/> \$0.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Wash. Rev. Code. § 6.15.010(1)(d)(i) _____ _____
Line from Schedule A/B: <u>13</u>			
Brief description: <u>Heritage Bank 6030 as of 2/5/2024 Checking account</u>	\$119.18	<input checked="" type="checkbox"/> \$0.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Wash. Rev. Code. § 6.15.010(1)(d)(ii) _____ _____
Line from Schedule A/B: <u>17</u>			
Brief description: <u>Heritage Bank - business account - as of 2/5/2024 Checking account Acct. No.: 6022</u>	\$465.73	<input checked="" type="checkbox"/> \$0.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Wash. Rev. Code. § 6.15.010(1)(d)(ii) _____ _____
Line from Schedule A/B: <u>17</u>			
Brief description: <u>Whatcom Education CU as of 2/5/2024 Savings account Acct. No.: XX63S1</u>	\$17.05	<input checked="" type="checkbox"/> \$0.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Wash. Rev. Code. § 6.15.010(1)(d)(ii) _____ _____
Line from Schedule A/B: <u>17</u>			
Brief description: <u>Whatcom Education CU as of 2/5/2024 Savings account Acct. No.: 7813</u>	\$167.53	<input checked="" type="checkbox"/> \$0.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Wash. Rev. Code. § 6.15.010(1)(d)(ii) _____ _____
Line from Schedule A/B: <u>17</u>			

Debtor 1 **Kristie** **Edna** **Bumstead** Case number (if known) \_\_\_\_\_

First Name Middle Name Last Name

**Part 2: Additional Page**

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own Copy the value from Schedule A/B	Amount of the exemption you claim <i>Check only one box for each exemption.</i>	Specific laws that allow exemption
Brief description: Haborstone CU as of 2/5/2024 Savings account Acct. No.: 3807	\$5.00	<input checked="" type="checkbox"/> \$0.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Wash. Rev. Code. § 6.15.010(1)(d)(ii)
Line from Schedule A/B: <u>17</u>			
Brief description: 401(k) - Kristie	\$89,951.00	<input checked="" type="checkbox"/> \$89,951.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Wash. Rev. Code. § 6.15.020(3)
Line from Schedule A/B: <u>21</u>			
Brief description: 401(k) - Matthew	\$168,499.00	<input checked="" type="checkbox"/> \$168,499.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Wash. Rev. Code. § 6.15.020(3)
Line from Schedule A/B: <u>21</u>			
Brief description: J AND M SUMNER PROPERTIES, LLC Security deposit on rental unit	\$3,400.00	<input checked="" type="checkbox"/> \$0.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Wash. Rev. Code. § 6.15.010(1)(e)
Line from Schedule A/B: <u>22</u>			
Brief description: Nest	\$0.00	<input checked="" type="checkbox"/> \$0.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Wash. Rev. Code. § 6.15.010(1)(f)
Line from Schedule A/B: <u>24</u>			
Brief description: 1040 estimated Federal tax	\$6,000.00	<input checked="" type="checkbox"/> \$0.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Wash. Rev. Code. § 6.15.010(1)(d)(ii)
Line from Schedule A/B: <u>28</u>			
Brief description: Transamerican Life Insurance	\$26,725.77	<input checked="" type="checkbox"/> \$26,725.77 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Wash. Rev. Code. § 48.18.410
Line from Schedule A/B: <u>31</u>			
Brief description: non-filing spouse - AR from SB Advisory, LLC under RINRA Rule 2040 - approximate \$30k - non-assignable.	\$0.00	<input checked="" type="checkbox"/> \$0.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Wash. Rev. Code. § 6.15.010(1)(e)
Line from Schedule A/B: <u>38</u>			

Debtor 1 Kristie Edna Bumstead Case number (if known) \_\_\_\_\_  
First Name Middle Name Last Name

**Part 2: Additional Page**

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own Copy the value from Schedule A/B	Amount of the exemption you claim <i>Check only one box for each exemption.</i>	Specific laws that allow exemption
<p>Brief description:</p> <p><u>Office Equipment, furnishings, and supplies</u></p>	\$1,500.00	<input checked="" type="checkbox"/> \$0.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>Wash. Rev. Code. § 6.15.010(1)(e)</u> _____ _____
Line from Schedule A/B: <u>39</u>			

Fill in this information to identify your case:

Debtor 1	<b>Kristie</b>	<b>Edna</b>	<b>Bumstead</b>
	First Name	Middle Name	Last Name
Debtor 2			
(Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <u>Western</u> District of <u>Washington</u>			
Case number (if known)			

Check if this is an amended filing

Official Form 106D

## Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

### 1. Do any creditors have claims secured by your property?

- No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.  
 Yes. Fill in all of the information below.

#### Part 1: List All Secured Claims

2. List all secured claims.	If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.	Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
2.1	Directors Mortgage Creditor's Name 4550 SW Kruse Way Suite 275 Number Street Lake Oswego, OR 97035 City State ZIP Code Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim relates to a community debt Date debt was incurred _____	Describe the property that secures the claim: 6229 Bock Avenue, Sumner, WA 98390 6229 Bock Avenue Sumner, WA 98390 As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Nature of lien. Check all that apply. <input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) _____ Last 4 digits of account number _____	\$420,000.00 \$865,700.00 \$0.00	Add the dollar value of your entries in Column A on this page. Write that number here: <u>\$420,000.00</u>

Part 1: Additional Page After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.			Column A <b>Amount of claim</b> Do not deduct the value of collateral.	Column B <b>Value of collateral that supports this claim</b>	Column C <b>Unsecured portion of any</b>
2.2	Harborstone Credit Union Creditor's Name PO Box 4207 Number Street  Tacoma, WA 98438 City State ZIP Code	Describe the property that secures the claim: 2022 Acura MDX Acura	\$55,000.00	\$40,770.00	\$14,230.00
<b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed					
<b>Nature of lien:</b> Check all that apply. <input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) _____					
<input checked="" type="checkbox"/> Check if this claim relates to a community debt					
Date debt was incurred <u>01/31/2022</u>		Last 4 digits of account number <u>2 9 4 0</u>			
2.3	Horizon Credit Union Creditor's Name Attn: Bankruptcy  3224 E Mansfield Ave Number Street Spokane Valley, WA 99216 City State ZIP Code	Describe the property that secures the claim: 2017 HEWESCRIFT 220 OCEAN Ocean Pro 24" plus 2018 EZLOADER TRAILER VIN-1ZEZLJVT9JA001096	\$56,874.00	\$75,000.00	\$0.00
<b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed					
<b>Nature of lien:</b> Check all that apply. <input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) _____					
<input checked="" type="checkbox"/> Check if this claim relates to a community debt					
Date debt was incurred _____		Last 4 digits of account number <u>4 6 8 1</u>			
Add the dollar value of your entries in Column A on this page. Write that number here: _____			\$111,874.00		
If this is the last page of your form, add the dollar value totals from all pages. Write that number here: _____					

Part 1:	Additional Page	Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any	
2.4	J AND M SUMNER PROPERTIES, LLC  Creditor's Name 8015 118TH CT SE Number Street  Renton, WA 98056 City State ZIP Code	Describe the property that secures the claim:  J AND M SUMNER PROPERTIES, LLC	\$38,012.00	\$3,400.00	\$34,612.00
	<b>Who owes the debt?</b> Check one.	As of the date you file, the claim is: Check all that apply.			
	<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another  <input checked="" type="checkbox"/> Check if this claim relates to a community debt	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) _____			
	Date debt was incurred _____	Last 4 digits of account number _____			
	<b>Remarks:</b> Commercial Lease				
2.5	Live Oak Banking Co.  Creditor's Name 1741 Tiburon Dr Number Street  Wilmington, NC 28403 City State ZIP Code	Describe the property that secures the claim:  Clarity Capital Management Corporation Assets: DOR Refund pending \$3,381. Liabilities: Broken Lease - Van Doren \$246k Others.	\$52,268.00	\$0.00	\$52,268.00
	<b>Who owes the debt?</b> Check one.	As of the date you file, the claim is: Check all that apply.			
	<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another  <input checked="" type="checkbox"/> Check if this claim relates to a community debt	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) <u>Business Related</u>			
	Date debt was incurred <u>10/16/2016</u>	Last 4 digits of account number <u>m e n t</u>			
	<b>Remarks:</b> Surrender				
	Add the dollar value of your entries in Column A on this page. Write that number here: <u>\$90,280.00</u>				
	If this is the last page of your form, add the dollar value totals from all pages. Write that number here: <u>  </u>				

Part 1:	Additional Page After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.	Column A	Column B	Column C
		Amount of claim Do not deduct the value of collateral.	Value of collateral that supports this claim	Unsecured portion If any
<u>2.6</u>	<u>LPL Financial LLC</u>  Creditor's Name <u>4707 Executive Dr</u> Number Street  <u>San Diego, CA 92121</u> City State ZIP Code	<b>Describe the property that secures the claim:</b>  <u>See Attachment</u>	<u>\$2,421,210.45</u>	<u>\$5,103.89</u> <u>\$2,416,106.56</u>
<b>As of the date you file, the claim is:</b> Check all that apply.				
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed				
<b>Nature of lien:</b> Check all that apply.				
<input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to <u>Business Related</u> offset)				
<input checked="" type="checkbox"/> <b>Check if this claim relates to a community debt</b>				
Date debt was incurred <u>                        </u> Last 4 digits of account number <u>                        </u>				
<b>Remarks:</b> UCC Lien - Matthew only: "ALL OF DEBTOR'S RIGHTS, TITLE AND INTEREST TO ALL ASSETS OF DEBTOR., WHETHER NOW OWNED OR HEREINAFTER ACQUIRED, WHEREVER LOCATED, AND ALL PROCEEDS, PRODUCT\$, REPLACEMENTS AND SUBSTITUTIONS THEREOF."				
<u>2.7</u>	<u>Small Business Administration</u>  Creditor's Name <u>2401 4th Ave Ste 450</u> Number Street  <u>Seattle, WA 98121</u> City State ZIP Code	<b>Describe the property that secures the claim:</b>  <u>Clarity Capital Management Corporation Assets: DOR Refund pending \$3,381. Liabilities: Broken Lease - Van Doren \$246k Others.</u>	<u>\$500,000.00</u>	<u>\$0.00</u> <u>\$500,000.00</u>
<b>As of the date you file, the claim is:</b> Check all that apply.				
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed				
<b>Nature of lien:</b> Check all that apply.				
<input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset)				
<input type="checkbox"/> <b>Check if this claim relates to a community debt</b>				
Date debt was incurred <u>7/14/2020</u> Last 4 digits of account number <u>8 0 1 0</u>				
<b>Remarks:</b> Notice only - appears to be no personal guarantee.				
Add the dollar value of your entries in Column A on this page. Write that number here: <u>\$2,921,210.45</u> If this is the last page of your form, add the dollar value totals from all pages. Write that number here: <u>                        </u>				

Part 1:	Additional Page After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.	Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
2.8	Small Business Administration  Creditor's Name <u>Attention Bankruptcy</u>  2401 4th Ave Ste 450 Number Street Washington, DC 20416 City State ZIP Code	Describe the property that secures the claim:  As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
	<b>Who owes the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> <b>Check if this claim relates to a community debt</b>	<b>Nature of lien.</b> Check all that apply. <input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset)		
	Date debt was incurred _____	Last 4 digits of account number <u>2 1 9 9</u>		
2.9	Small Business Administration  Creditor's Name <u>Attention Bankruptcy</u>  2401 4th Ave Ste 450 Number Street Washington, DC 20416 City State ZIP Code	Describe the property that secures the claim:  As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$52,267.00	\$0.00
	<b>Who owes the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another  <input checked="" type="checkbox"/> <b>Check if this claim relates to a community debt</b>	<b>Nature of lien.</b> Check all that apply. <input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset)		
	Date debt was incurred _____	Last 4 digits of account number <u>5 0 0 1</u>		
Add the dollar value of your entries in Column A on this page. Write that number here: _____			\$52,267.00	
If this is the last page of your form, add the dollar value totals from all pages. Write that number here: _____				

Part 1:	<b>Additional Page</b> After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.			<b>Column A</b>	<b>Column B</b>	<b>Column C</b>
2.10	Whatcom Educational Credit Union	Describe the property that secures the claim:		<b>Amount of claim</b> Do not deduct the value of collateral.	<b>Value of collateral that supports this claim</b>	<b>Unsecured portion if any</b>
	Creditor's Name  Attn: Bankruptcy	2017 Audi A6 Audi		\$9,386.00	\$15,210.00	\$0.00
	PO Box 9750 Number Street Bellingham, WA 98227	As of the date you file, the claim is: Check all that apply.				
	City State ZIP Code	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed				
	Who owes the debt? Check one.	Nature of lien. Check all that apply.				
	<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another	<input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset)				
	Check if this claim relates to a community debt					
	Date debt was incurred	Last 4 digits of account number	1 7 0 0			
	Add the dollar value of your entries in Column A on this page. Write that number here:			\$9,386.00		
	If this is the last page of your form, add the dollar value totals from all pages. Write that number here:			\$3,605,017.45		

Debtor 1 **Kristie** **Edna** **Bumstead** Case number (if known) \_\_\_\_\_

First Name Middle Name Last Name

**Part 2: List Others to Be Notified for a Debt That You Already Listed**

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

1.	Markun Zusman Comptom Name Attn: Rick Smith 465 California St Ste 401 Number Street San Francisco, CA 94104-1812 City State ZIP Code	On which line in Part 1 did you enter the creditor? <u>2.6</u> Last 4 digits of account number _____
2.	Gregory Tendrich, Esquire Name 3010 N. Military Trail Suite 210 Number Street  Boca Raton, FL 33431 City State ZIP Code	On which line in Part 1 did you enter the creditor? <u>2.6</u> Last 4 digits of account number _____
3.	FINRA Dispute Resolution, Inc Name 300 S Grand Ave Ste 1700 Number Street  Los Angeles, CA 90071-3127 City State ZIP Code	On which line in Part 1 did you enter the creditor? <u>2.6</u> Last 4 digits of account number <u>0 6 8 4</u>

Debtor 1 **Kristie** **Edna** **Bumstead** Case number (if known) \_\_\_\_\_  
First Name Middle Name Last Name

**Attachment Page**

**2.6 Describe the property that secures the claim:**

Clarity Capital Management Corporation  
Assets: DOR Refund pending \$3,381.

Liabilities:

Broken Lease - Van Doren \$246k

Others.

10/26/2022 Note with Robert Santorello re Purchase of "Book" - mutual default.

CLARITY TAX MANAGEMENT P.S.

Aged AR greater than 90 days - \$4k face value - actual value likely zero.

Heritage Bank - business account - as of 2/5/2024

Heritage Bank 6030 as of 2/5/2024

Office Equipment, furnishings, and supplies

Checking account US Bank - 9499 - as of 2/5/2024

Haborstone CU as of 2/5/2024

Whatcom Education CU as of 2/5/2024

Whatcom Education CU as of 2/5/2024

Fill in this information to identify your case:

Debtor 1	<b>Kristie</b>	<b>Edna</b>	<b>Bumstead</b>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <u>Western</u> District of <u>Washington</u>			
Case number (if known) _____			

Check if this is an amended filing

## Official Form 106E/F

### Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

#### Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

- No. Go to Part 2.  
 Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

		Total claim	Priority amount	Nonpriority amount
2.1	Department of Labor & Industries Priority Creditor's Name Collections P.O. Box 44171 Number Street Olympia, WA 98504 City State ZIP Code	Last 4 digits of account number When was the debt incurred?  As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____	unknown	unknown \$0.00
<b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt				
<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
<b>Remarks:</b> Notice				

Debtor 1 Kristie Edna Bumstead Case number (if known) \_\_\_\_\_

First Name Middle Name Last Name

**Part 1: Your PRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.				Total claim	Priority amount	Nonpriority amount
2.2	<u>Department of Revenue</u> Priority Creditor's Name <u>Bankruptcy/Claims</u> <u>2101 4th Ave Ste 1400</u> Number Street <u>Seattle, WA 98121-2300</u> City State ZIP Code	<u>Last 4 digits of account number</u> <u>When was the debt incurred?</u>		<u>unknown</u>	<u>unknown</u>	<u>\$0.00</u>
<b>As of the date you file, the claim is:</b> Check all that apply.						
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed						
<b>Who incurred the debt?</b> Check one.						
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> <b>Check if this claim is for a community debt</b>						
<b>Type of PRIORITY unsecured claim:</b>						
<input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____						
<b>Is the claim subject to offset?</b>						
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes						
<b>Remarks:</b> Notice						
2.3	<u>Department of the Treasury</u> Priority Creditor's Name <u>Internal Revenue Service</u> <u>Internal Revenue Service</u> Number Street <u>Ogden, UT 84201</u> City State ZIP Code	<u>Last 4 digits of account number</u> <u>When was the debt incurred?</u>	<u>2 2 9 1</u> <u>2019</u>	<u>\$4,521.00</u>	<u>\$4,521.00</u>	<u>\$0.00</u>
<b>As of the date you file, the claim is:</b> Check all that apply.						
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed						
<b>Who incurred the debt?</b> Check one.						
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> <b>Check if this claim is for a community debt</b>						
<b>Type of PRIORITY unsecured claim:</b>						
<input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____						
<b>Is the claim subject to offset?</b>						
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes						

Debtor 1 **Kristie** **Edna** **Bumstead** Case number (if known) \_\_\_\_\_

First Name Middle Name Last Name

**Part 1: Your PRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.				Total claim	Priority amount	Nonpriority amount
2.4	Employment Security Department Priority Creditor's Name UI Tax Admin P.O. Box 9046 Number Street Olympia, WA 98507-9046 City State ZIP Code	Last 4 digits of account number When was the debt incurred?	6 0 0 8	\$3,381.03	\$3,381.03	\$0.00
<p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Type of PRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>						

Debtor 1 **Kristie** **Edna** **Bumstead** Case number (if known) \_\_\_\_\_

First Name Middle Name Last Name

**Part 2: List All of Your NONPRIORITY Unsecured Claims**

**3. Do any creditors have nonpriority unsecured claims against you?**

- No. You have nothing to report in this part. Submit this form to the court with your other schedules.  
 Yes

**4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim.** If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

4.1		Total claim
2210 Rimland LLC	Last 4 digits of account number	\$0.00
Nonpriority Creditor's Name c/o TALBOT REAL ESTATE, L.L.C.	When was the debt incurred?	
2219 RIMLAND DR STE 115 Number Street Bellingham, WA 98226-8661	As of the date you file, the claim is: Check all that apply.	
City State ZIP Code	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____	
Is the claim subject to offset?		
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Remarks: Notification only - no personal obligation admitted.		
Bank of America	Last 4 digits of account number	\$23,152.00
Nonpriority Creditor's Name Attn: Bankruptcy	When was the debt incurred?	03/2008
4909 Savarese Circle Number Street Tampa, FL 33634	As of the date you file, the claim is: Check all that apply.	
City State ZIP Code	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit Card	
Is the claim subject to offset?		
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor 1 **Kristie** **Edna** **Bumstead** Case number (if known) \_\_\_\_\_

First Name Middle Name Last Name

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.				Total claim
4.3	Chase Card Services Nonpriority Creditor's Name Attn: Bankruptcy P.O. 15298	Last 4 digits of account number	7 9 6 1	\$2,349.00
		When was the debt incurred?	11/2014	
	Number Street Wilmington, DE 19850	As of the date you file, the claim is: Check all that apply.		
	City State ZIP Code	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	<b>Who incurred the debt?</b> Check one.	<b>Type of NONPRIORITY unsecured claim:</b>		
	<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit Card		
	<b>Is the claim subject to offset?</b>			
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
4.4	Davis & Goldmark, Inc. Nonpriority Creditor's Name PO Box 2009	Last 4 digits of account number	6 9 2 0	\$3,892.12
	Number Street Riverside, CA 92516	When was the debt incurred?		
	City State ZIP Code	As of the date you file, the claim is: Check all that apply.		
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	<b>Who incurred the debt?</b> Check one.	<b>Type of NONPRIORITY unsecured claim:</b>		
	<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Creditor		
	<b>Is the claim subject to offset?</b>			
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Debtor 1 **Kristie** **Edna** **Bumstead** Case number (if known) \_\_\_\_\_

First Name Middle Name Last Name

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

**Total claim**

4.5	Discover Financial	Last 4 digits of account number	3 1 6 1	\$23.22
Nonpriority Creditor's Name Attn: Bankruptcy  PO Box 3025 Number Street New Albany, OH 43054		When was the debt incurred?	06/2002	
City State ZIP Code		<b>As of the date you file, the claim is:</b> Check all that apply.		
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
<b>Who incurred the debt?</b> Check one.		<b>Type of NONPRIORITY unsecured claim:</b>		
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt		<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit Card		
<b>Is the claim subject to offset?</b>				
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
4.6	Express Employment Professionals	Last 4 digits of account number	\$0.00	
Nonpriority Creditor's Name 841 Central Avenue North #C-115		When was the debt incurred?		
Number Street		<b>As of the date you file, the claim is:</b> Check all that apply.		
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
<b>Who incurred the debt?</b> Check one.		<b>Type of NONPRIORITY unsecured claim:</b>		
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt		<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify		
<b>Is the claim subject to offset?</b>				
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
<b>Remarks:</b> Clarity Tax Management, LLC obligation - notice only				

Debtor 1 **Kristie** **Edna** **Bumstead** Case number (if known) \_\_\_\_\_

First Name Middle Name Last Name

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.				Total claim
4.7	Gary Richardson Nonpriority Creditor's Name 2360 Boy Scout Road Number Street  Clearwater, FL 33763 City State ZIP Code	Last 4 digits of account number	_____	\$50,000.00
		When was the debt incurred?	_____	
		As of the date you file, the claim is: Check all that apply.		
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
		Type of NONPRIORITY unsecured claim:		
		<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____		
	Who incurred the debt? Check one.			
	<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt			
	Is the claim subject to offset?			
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
4.8	Helium Advisors Nonpriority Creditor's Name Attn: Howard Morin  7047 E. Greenway Parkway; Ste 250 Number Street Scottsdale, AZ 85254 City State ZIP Code	Last 4 digits of account number	_____	unknown
		When was the debt incurred?	_____	
		As of the date you file, the claim is: Check all that apply.		
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
		Type of NONPRIORITY unsecured claim:		
		<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____		
	Who incurred the debt? Check one.			
	<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt			
	Is the claim subject to offset?			
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
	<b>Remarks:</b> Notice			

Debtor 1 **Kristie** **Edna** **Bumstead** Case number (if known) \_\_\_\_\_

First Name Middle Name Last Name

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.				Total claim
4.9	JSH Properties, Inc. Nonpriority Creditor's Name Attn: Cory O'Brien  509 Olive Way, Suite 1011 Number Street Seattle, WA 98101 City State ZIP Code	Last 4 digits of account number	m e n t	\$234,000.00
When was the debt incurred? _____				
As of the date you file, the claim is: Check all that apply.				
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed				
<b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Lease payments</u>				
<b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt				
<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
4.10	Lumen / Century Link Nonpriority Creditor's Name PO Box 52187  Phoenix, AZ 85072 City State ZIP Code	Last 4 digits of account number	2 8 3 6	\$4,128.72
When was the debt incurred? _____				
As of the date you file, the claim is: Check all that apply.				
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed				
<b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Utility</u>				
<b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt				
<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
4.11	Michael and Diane Bumstead Nonpriority Creditor's Name 63 Small Island Ln  Lopez Island, WA 98261-8757 City State ZIP Code	Last 4 digits of account number	_____	\$226,019.00
When was the debt incurred? _____				
As of the date you file, the claim is: Check all that apply.				
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed				
<b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Personal Loan</u>				
<b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt				
<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				

Debtor 1 **Kristie** **Edna** **Bumstead** Case number (if known) \_\_\_\_\_

First Name Middle Name Last Name

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.					Total claim
<b>4.12</b>	Multicare Health Systems Nonpriority Creditor's Name PO Box 102809 Number Street  Pasadena, CA 91189 City State ZIP Code	Last 4 digits of account number	3 1 1 7	\$1,089.00	
When was the debt incurred? _____					
As of the date you file, the claim is: Check all that apply.					
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed					
Type of NONPRIORITY unsecured claim:					
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical Bill</u>					
Who incurred the debt? Check one.					
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt					
Is the claim subject to offset?					
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					
<b>4.13</b>	Nitrogen Wealth Nonpriority Creditor's Name 470 Nevada Street Number Street  Auburn, CA 95603 City State ZIP Code	Last 4 digits of account number	3 5 0 9	\$1,727.00	
When was the debt incurred? _____					
As of the date you file, the claim is: Check all that apply.					
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed					
Type of NONPRIORITY unsecured claim:					
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Business Related</u>					
Who incurred the debt? Check one.					
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt					
Is the claim subject to offset?					
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					
<b>4.14</b>	Pacific Life Insurance Nonpriority Creditor's Name P.O. Box 9000 Number Street  Newport Beach, CA 92658-9030 City State ZIP Code	Last 4 digits of account number	_____	unknown	
When was the debt incurred? _____					
As of the date you file, the claim is: Check all that apply.					
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed					
Type of NONPRIORITY unsecured claim:					
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Notice only - Clarity Capital management Corp debt.</u>					
Who incurred the debt? Check one.					
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt					
Is the claim subject to offset?					
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					

Debtor 1 **Kristie Edna Bumstead** Case number (if known) \_\_\_\_\_

First Name Middle Name Last Name

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.				Total claim
4.15	Pacific Office Automation Nonpriority Creditor's Name 1111 Old Eagle School Rd Number Street  Wayne, PA 19087 City State ZIP Code	Last 4 digits of account number When was the debt incurred?	8 2 0 4 2023	\$1,311.00
<p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify _____</p>				
<p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input checked="" type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> Check if this claim is for a community debt</p>				
<p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>				
4.16	Phillip E. Multop Nonpriority Creditor's Name 100 Easy Street Unit #2148 Number Street  Carefree, AZ 85377 City State ZIP Code	Last 4 digits of account number When was the debt incurred?	_____	unknown
<p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify Creditor _____</p>				
<p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input checked="" type="checkbox"/> At least one of the debtors and another  <input checked="" type="checkbox"/> Check if this claim is for a community debt</p>				
<p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>				
<p><b>Remarks:</b> Notice</p>				

Debtor 1 **Kristie** **Edna** **Bumstead** Case number (if known) \_\_\_\_\_

First Name Middle Name Last Name

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.				Total claim	
<b>4.17</b> Pitney Bowes Global Financial Services Nonpriority Creditor's Name Attn Customer Service Department 55 Jewelers Park Dr. Ste 300 Number Street Neenah, WI 54956 City State ZIP Code				Last 4 digits of account number _____  When was the debt incurred? _____	\$2,905.40
				<b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
				<b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Utility _____	
<b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt					
<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					
<b>4.18</b> Romero Park P.S. Nonpriority Creditor's Name 1019 W James St, Ste 102 Number Street Kent, WA 98032 City State ZIP Code				Last 4 digits of account number <u>A 5 0 0</u>  When was the debt incurred? _____	\$44,145.00
				<b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
				<b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Creditor _____	
<b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt					
<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					
<b>4.19</b> Service Finance Company Nonpriority Creditor's Name Attn: Bankruptcy PO Box 3025 Number Street New Albany, OH 43054 City State ZIP Code				Last 4 digits of account number <u>2 9 1 6</u>  When was the debt incurred? <u>09/2023</u>	\$18,000.00
				<b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
				<b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit Card _____	
<b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt					
<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					

Debtor 1 Kristie Edna Bumstead Case number (if known) \_\_\_\_\_

First Name Middle Name Last Name

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.20	<u>Stericycle, Inc</u> Nonpriority Creditor's Name <u>28883 Network Place</u> Number Street <u>Chicago, IL 60673-1288</u> City State ZIP Code	Last 4 digits of account number <u>2 8 3 6</u>	\$0.00
		When was the debt incurred? _____	
As of the date you file, the claim is: Check all that apply.			
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed			
Type of NONPRIORITY unsecured claim:			
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>No Personal Obligation - Notice Only.</u>			
Who incurred the debt? Check one.			
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt			
Is the claim subject to offset?			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
4.21	<u>Synchrony Bank/Lowes</u> Nonpriority Creditor's Name <u>FL 32896 Attn: Bankruptcy Orlando,</u> <u>Po Box 965060</u> Number Street <u>City State ZIP Code</u>	Last 4 digits of account number <u>7 2 8 8</u>	\$3,151.00
		When was the debt incurred? <u>01/2022</u>	
As of the date you file, the claim is: Check all that apply.			
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
Type of NONPRIORITY unsecured claim:			
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Charge Account</u>			
Who incurred the debt? Check one.			
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt			
Is the claim subject to offset?			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
4.22	<u>Synchrony Bank/TJX</u> Nonpriority Creditor's Name <u>Attn: Bankruptcy Dept</u> <u>PO Box 965060</u> Number Street <u>Orlando, FL 32896</u> City State ZIP Code	Last 4 digits of account number <u>9 6 1 0</u>	\$0.00
		When was the debt incurred? <u>07/04/2017</u>	
As of the date you file, the claim is: Check all that apply.			
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
Type of NONPRIORITY unsecured claim:			
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Credit Card</u>			
Who incurred the debt? Check one.			
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt			
Is the claim subject to offset?			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Debtor 1 **Kristie** **Edna** **Bumstead** Case number (if known) \_\_\_\_\_

First Name Middle Name Last Name

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.				Total claim
4.23	Synovus Bank Nonpriority Creditor's Name Attn: Bankruptcy  1111 Bay Avenue Number Street Columbus, GA 31901 City State ZIP Code	Last 4 digits of account number  When was the debt incurred?	0 9 2 6 03/2018	\$421.00
<p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify <u>Credit Card</u></p>				
<p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input checked="" type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> Check if this claim is for a community debt</p>				
<p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>				
<p><b>Remarks:</b> Cabelas Capital One</p>				
4.24	Talbot Group/Barkley Village Nonpriority Creditor's Name Attn: Leah Macaleer  2219 Rimland Dr Suite 115 Number Street Bellingham, WA 98226 City State ZIP Code	Last 4 digits of account number  When was the debt incurred?	_____	\$0.00
<p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify <u>Lease payments</u></p>				
<p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input checked="" type="checkbox"/> At least one of the debtors and another  <input checked="" type="checkbox"/> Check if this claim is for a community debt</p>				
<p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>				
<p><b>Remarks:</b> Debtors reached a settlement - for notice only.</p>				

Debtor 1 **Kristie** **Edna** **Bumstead** Case number (if known) \_\_\_\_\_

First Name Middle Name Last Name

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.					Total claim
4.25	US Bank/RMS Nonpriority Creditor's Name Attn: Bankruptcy  PO Box 5229 Number Street Cincinnati, OH 45201 City State ZIP Code	Last 4 digits of account number	7 6 9 3		\$3,354.00
		When was the debt incurred?	05/2015		
		As of the date you file, the claim is: Check all that apply.			
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
		Type of NONPRIORITY unsecured claim:			
		<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit Card			
	Who incurred the debt? Check one.				
	<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt				
	Is the claim subject to offset?				
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
4.26	US Bank/RMS Nonpriority Creditor's Name Attn: Bankruptcy  PO Box 5229 Number Street Cincinnati, OH 45201 City State ZIP Code	Last 4 digits of account number	8 6 9 9		\$35,844.55
		When was the debt incurred?			
		As of the date you file, the claim is: Check all that apply.			
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
		Type of NONPRIORITY unsecured claim:			
		<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify			
	Who incurred the debt? Check one.				
	<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt				
	Is the claim subject to offset?				
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				

Debtor 1 **Kristie** **Edna** **Bumstead** Case number (if known) \_\_\_\_\_

First Name Middle Name Last Name

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.27	Van Doren's Landing Office Plaza LLC Nonpriority Creditor's Name c/o JSH Properties, Inc.  509 OLIVE WAY, STE 1011 Number Street Seattle, WA 98101-1710 City State ZIP Code	Last 4 digits of account number _____	\$0.00
When was the debt incurred? _____			
As of the date you file, the claim is: Check all that apply.			
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed			
Who incurred the debt? Check one.			
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt			
Type of NONPRIORITY unsecured claim:			
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____			
Is the claim subject to offset?			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
Remarks: corporate obligation only - listed for notification.			

Debtor 1 **Kristie Edna Bumstead** Case number (if known) \_\_\_\_\_

First Name Middle Name Last Name

**Part 3: List Others to Be Notified About a Debt That You Already Listed**

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

1. Law Office of Benjamin E. Kelly

On which entry in Part 1 or Part 2 did you list the original creditor?

Name  
9218 Roosevelt Way NE

Line 4.14 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Number Street

Last 4 digits of account number \_\_\_\_\_

Seattle, WA 98115

City State ZIP Code

Debtor 1 **Kristie** **Edna** **Bumstead** Case number (if known) \_\_\_\_\_

First Name Middle Name Last Name

**Part 4: Add the Amounts for Each Type of Unsecured Claim**

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159.  
Add the amounts for each type of unsecured claim.

		<b>Total claim</b>
<b>Total claims from Part 1</b>	6a. <b>Domestic support obligations</b>	6a. _____ \$0.00
	6b. <b>Taxes and certain other debts you owe the government</b>	6b. _____ \$7,902.03
	6c. <b>Claims for death or personal injury while you were intoxicated</b>	6c. _____ \$0.00
	6d. <b>Other.</b> Add all other priority unsecured claims. Write that amount here.	6d. + _____ \$0.00
	6e. <b>Total.</b> Add lines 6a through 6d.	6e. _____ \$7,902.03

		<b>Total claim</b>
<b>Total claims from Part 2</b>	6f. <b>Student loans</b>	6f. _____ \$0.00
	6g. <b>Obligations arising out of a separation agreement or divorce that you did not report as priority claims</b>	6g. _____ \$0.00
	6h. <b>Debts to pension or profit-sharing plans, and other similar debts</b>	6h. _____ \$0.00
	6i. <b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.	6i. + _____ \$655,512.01
	6j. <b>Total.</b> Add lines 6f through 6i.	6j. _____ \$655,512.01

Fill in this information to identify your case:

Debtor 1	<b>Kristie</b>	<b>Edna</b>	<b>Bumstead</b>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<b>Western District of Washington</b>		
Case number (if known)			

Check if this is an amended filing

## Official Form 106G

### Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

**1. Do you have any executory contracts or unexpired leases?**

- No. Check this box and file this form with your other schedules. You have nothing else to report on this form.  
 Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Property* (Official Form 106A/B).

**2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.**

	Person or company with whom you have the contract or lease	State what the contract or lease is for
2.1	J AND M SUMNER PROPERTIES, LLC Name 8015 118TH CT SE Number Street Renton, WA 98056 City State ZIP Code	Commercial Lease Contract to be ASSUMED
2.2	Pacific Office Automation Name 1111 Old Eagle School Rd Number Street Wayne, PA 19087 City State ZIP Code	Copy machine for business use Contract to be REJECTED
2.3	Pitney Bowes Global Financial Services LLC Name Attn Customer Service Department 55 Jewelers Park Dr. Ste 300 Number Street Neenah, WI 54956 City State ZIP Code	Business equipment Contract to be REJECTED
2.4	Name Number Street City State ZIP Code	

Fill in this information to identify your case:

Debtor 1	<b>Kristie</b>	<b>Edna</b>	<b>Bumstead</b>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <u>Western</u> District of <u>Washington</u>			
Case number (if known)			

Check if this is an amended filing

## Official Form 106H

### Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. **Do you have any codebtors?** (If you are filing a joint case, do not list either spouse as a codebtor.)

No  
 Yes

2. **Within the last 8 years, have you lived in a community property state or territory?** (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

No. Go to line 3.  
 Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?

No

Yes. In which community state or territory did you live? Washington. Fill in the name and current address of that person.

Bumstead, Matthew Thomas  
Name of your spouse, former spouse, or legal equivalent  
6229 Bock Avenue  
Number                  Street  
Sumner, WA 98390  
City                      State                      ZIP Code

3. **In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.**

	<b>Column 1: Your codebtor</b>	<b>Column 2: The creditor to whom you owe the debt</b>
		Check all schedules that apply:
3.1	<u>Bumstead, Matthew Thomas</u> Name <u>6229 Bock Avenue</u> Number                  Street <u>Sumner, WA 98390</u> City                      State                      ZIP Code	<input checked="" type="checkbox"/> Schedule D, line <u>2.1, 2.2, 2.3, 2.4, 2.5, 2.6, 2.9, 2.10</u> <input checked="" type="checkbox"/> Schedule E/F, line <u>2.1, 4.1, 4.2, 2.2, 4.3, 2.3, 4.4, 2.4, 4.5, 4.6, 4.7, 4.8, 4.9, 4.10, 4.11, 4.12, 4.13, 4.15, 4.16, 4.17, 4.18, 4.19, 4.21, 4.22, 4.23, 4.24, 4.25, 4.26, 4.27</u> <input type="checkbox"/> Schedule G, line _____
3.2	<u>CLARITY CAPITAL MANAGEMENT CORPORATION</u> Name <u>6229 Bock Avenue 110</u> Number                  Street <u>Sumner, WA 98390</u> City                      State                      ZIP Code	<input checked="" type="checkbox"/> Schedule D, line <u>2.5, 2.7, 2.8</u> <input checked="" type="checkbox"/> Schedule E/F, line <u>2.4, 4.14, 4.20</u> <input type="checkbox"/> Schedule G, line _____

Fill in this information to identify your case:

Debtor 1	<b>Kristie</b> First Name	<b>Edna</b> Middle Name	<b>Bumstead</b> Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<b>Western District of Washington</b>		
Case number (if known)			

Check if this is:

- An amended filing  
 A supplement showing postpetition chapter 13 income as of the following date:  
MM / DD / YYYY

## Official Form 106I

### Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

	<b>Debtor 1</b>	<b>Debtor 2 or non-filing spouse</b>
<b>Employment status</b>	<input checked="" type="checkbox"/> Employed <input type="checkbox"/> Not Employed	<input checked="" type="checkbox"/> Employed <input type="checkbox"/> Not Employed
<b>Occupation</b>	Manager	Owner
<b>Employer's name</b>	CLARITY TAX MANAGEMENT P.S.	DBA CLARITY CAPITAL MANAGEMENT
<b>Employer's address</b>	2210 RIMLAND DR 101 Number Street	909 Alder Ave Ste 102 Number Street
	Bellingham, WA 98226 City State Zip Code	Sumner, WA 98390 City State Zip Code
<b>How long employed there?</b>		

#### Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	<b>For Debtor 1</b>	<b>For Debtor 2 or non-filing spouse</b>
2. List monthly gross wages, salary, and commissions (before all payroll deductions.) If not paid monthly, calculate what the monthly wage would be.	2. _____ \$0.00	_____ \$0.00
3. Estimate and list monthly overtime pay.	3. + _____ \$0.00	+ _____ \$0.00
4. Calculate gross income. Add line 2 + line 3.	4. _____ \$0.00	_____ \$0.00

Debtor 1

Kristie

Edna

Bumstead

First Name

Middle Name

Last Name

Case number (if known) \_\_\_\_\_

	For Debtor 1	For Debtor 2 or non-filing spouse
<b>Copy line 4 here.....</b> →	4. \$0.00	\$0.00
<b>5. List all payroll deductions:</b>		
5a. <b>Tax, Medicare, and Social Security deductions</b>	5a. \$0.00	\$0.00
5b. <b>Mandatory contributions for retirement plans</b>	5b. \$0.00	\$0.00
5c. <b>Voluntary contributions for retirement plans</b>	5c. \$0.00	\$0.00
5d. <b>Required repayments of retirement fund loans</b>	5d. \$0.00	\$0.00
5e. <b>Insurance</b>	5e. \$0.00	\$0.00
5f. <b>Domestic support obligations</b>	5f. \$0.00	\$0.00
5g. <b>Union dues</b>	5g. \$0.00	\$0.00
5h. <b>Other deductions.</b> Specify: _____	5h. + \$0.00	+ \$0.00
<b>6. Add the payroll deductions.</b> Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.	6. \$0.00	\$0.00
<b>7. Calculate total monthly take-home pay.</b> Subtract line 6 from line 4.	7. \$0.00	\$0.00
<b>8. List all other income regularly received:</b>		
8a. <b>Net income from rental property and from operating a business, profession, or farm</b>		
Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$24,510.19	\$0.00
8b. <b>Interest and dividends</b>	8b. \$0.00	\$0.00
8c. <b>Family support payments that you, a non-filing spouse, or a dependent regularly receive</b>		
Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$0.00	\$0.00
8d. <b>Unemployment compensation</b>	8d. \$0.00	\$0.00
8e. <b>Social Security</b>	8e. \$0.00	\$0.00
8f. <b>Other government assistance that you regularly receive</b>		
Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.	8f. \$0.00	\$0.00
Specify: _____	8f. \$0.00	\$0.00
8g. <b>Pension or retirement income</b>	8g. \$0.00	\$0.00
8h. <b>Other monthly income.</b> Specify: _____	8h. + \$0.00	+ \$0.00
<b>9. Add all other income.</b> Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	9. \$24,510.19	\$0.00
<b>10. Calculate monthly income.</b> Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse	10. \$24,510.19	+ \$0.00 = \$24,510.19
<b>11. State all other regular contributions to the expenses that you list in Schedule J.</b>		
Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.	11. + \$0.00	
Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.		
Specify: _____	11. + \$0.00	
<b>12. Add the amount in the last column of line 10 to the amount in line 11.</b> The result is the combined monthly income. Write that amount on the <i>Summary of Your Assets and Liabilities and Certain Statistical Information</i> , if it applies	12. \$24,510.19	Combined monthly income
<b>13. Do you expect an increase or decrease within the year after you file this form?</b>		
<input type="checkbox"/> No.	Income for the business and therefore for the debtor is anticipated to increase over the next 12 months. Debtor hopes that the	
<input checked="" type="checkbox"/> Yes. Explain:	increase will be in the range of 20%	

Debtor 1

**Kristie**

First Name

**Edna**

Middle Name

**Bumstead**

Last Name

Case number (if known) \_\_\_\_\_

## 8a. Attached Statement

**dba Clarity Capital Management**

FINANCIAL REVIEW OF THE DEBTOR'S BUSINESS (NOTE: ONLY INCLUDE information directly related to the business operation.)

## PART A - ESTIMATED AVERAGE FUTURE GROSS MONTHLY INCOME:

1. Gross Monthly Income:	<u>\$37,000.00</u>
--------------------------	--------------------

## PART B - ESTIMATED AVERAGE FUTURE MONTHLY EXPENSES:

2. Ordinary and necessary expense	\$0.00
3. Net Employee Payroll (Other than debtor)	<u>\$4,904.27</u>
4. Payroll Taxes	<u>\$400.00</u>
5. Unemployment Taxes	<u>\$0.00</u>
6. Worker's Compensation	<u>\$0.00</u>
7. Other Taxes	<u>\$0.00</u>
8. Inventory Purchases (Including raw materials)	<u>\$0.00</u>
9. Purchase of Feed/Fertilizer/Seed/Spray	<u>\$0.00</u>
10. Rent (Other than debtor's principal residence)	<u>\$1,750.00</u>
11. Utilities	<u>\$0.00</u>
12. Office Expenses and Supplies	<u>\$300.00</u>
13. Repairs and Maintenance	<u>\$0.00</u>
14. Vehicle Expenses	<u>\$0.00</u>
15. Travel and Entertainment	<u>\$187.39</u>
16. Equipment Rental and Leases	<u>\$0.00</u>
17. Legal/Accounting/Other Professional Fees	<u>\$0.00</u>
18. Insurance	<u>\$40.00</u>
19. Employee Benefits (e.g., pension, medical, etc.)	<u>\$2,219.93</u>
20. Payments to be Made Directly by Debtor to Secured Creditors for Pre-Petition Business Debts	<u>\$0.00</u>
TOTAL PAYMENTS TO SECURED CREDITORS	<u>\$0.00</u>
21. Other Expenses	
Advertising & Marketing	<u>\$313.39</u>
Bank Charges	<u>\$50.00</u>
Dues and Subscriptions	<u>\$305.83</u>
Software	<u>\$619.00</u>
Tech Support (MCS)	<u>\$200.00</u>
Postage	<u>\$0.00</u>
Cell Phone and Internet	<u>\$700.00</u>
Education/CE	<u>\$500.00</u>
TOTAL OTHER EXPENSES	<u>\$2,688.22</u>
22. TOTAL MONTHLY EXPENSES(Add item 2 - 21)	<u>\$12,489.81</u>
PART C - ESTIMATED AVERAGE NET MONTHLY INCOME:	
23. AVERAGE NET MONTHLY INCOME(Subtract item 22 from item 1)	<u>\$24,510.19</u>

Fill in this information to identify your case:

Debtor 1	<b>Kristie</b>	<b>Edna</b>	<b>Bumstead</b>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<b>Western District of Washington</b>		
Case number (if known)			

Check if this is:

- An amended filing  
 A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

## Official Form 106J

### Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Your Household

1. Is this a joint case?

- No. Go to line 2.  
 Yes. Does Debtor 2 live in a separate household?  
     No  
     Yes. Debtor 2 must file Official Form 106J-2, *Expenses for Separate Household of Debtor 2*.

2. Do you have dependents?

Do not list Debtor 1 and Debtor 2.

Do not state the dependents' names.

No

Yes. Fill out this information for each dependent.....

Dependent's relationship to Debtor 1 or Debtor 2

Daughter

Dependent's age

19

Does dependent live with you?

No.  Yes.

Child

16

No.  Yes.

Child

12

No.  Yes.

Child

21

No.  Yes.

Spouse

45

No.  Yes.

3. Do your expenses include expenses of people other than yourself and your dependents?

No

Yes

#### Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 106I.)

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$3,871.00

If not included in line 4:

- 4a. Real estate taxes  
4b. Property, homeowner's, or renter's insurance  
4c. Home maintenance, repair, and upkeep expenses  
4d. Homeowner's association or condominium dues

4a. \$0.00  
4b. \$0.00  
4c. \$500.00  
4d. \$0.00

Debtor 1

Kristie

Edna

Bumstead

First Name

Middle Name

Last Name

Case number (if known) \_\_\_\_\_

**Your expenses**

5. Additional mortgage payments for your residence, such as home equity loans	5.	\$0.00
6. Utilities:		
6a. Electricity, heat, natural gas	6a.	\$350.00
6b. Water, sewer, garbage collection	6b.	\$230.00
6c. Telephone, cell phone, Internet, satellite, and cable services	6c.	\$90.00
6d. Other. Specify: ADT	6d.	\$75.00
7. Food and housekeeping supplies	7.	\$2,000.00
8. Childcare and children's education costs	8.	\$250.00
9. Clothing, laundry, and dry cleaning	9.	\$350.00
10. Personal care products and services	10.	\$200.00
11. Medical and dental expenses	11.	\$750.00
12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12.	\$570.00
13. Entertainment, clubs, recreation, newspapers, magazines, and books	13.	\$0.00
14. Charitable contributions and religious donations	14.	\$1,700.00
15. Insurance.		
Do not include insurance deducted from your pay or included in lines 4 or 20.		
15a. Life insurance	15a.	\$300.00
15b. Health insurance	15b.	\$0.00
15c. Vehicle insurance	15c.	\$1,000.00
15d. Other insurance. Specify: _____	15d.	\$0.00
16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: <u>See Additional Page</u>	16.	\$3,550.00
17. Installment or lease payments:		
17a. Car payments for Vehicle 1 2022 Acura MDX	17a.	\$1,076.58
17b. Car payments for Vehicle 2 2017 Audi A6	17b.	\$821.56
17c. Other. Specify: 401k Loans	17c.	\$1,900.00
17d. Other. Specify: _____	17d.	\$0.00
18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106l).	18.	\$0.00
19. Other payments you make to support others who do not live with you. Specify: _____	19.	\$0.00
20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.		
20a. Mortgages on other property	20a.	\$0.00
20b. Real estate taxes	20b.	\$0.00
20c. Property, homeowner's, or renter's insurance	20c.	\$0.00
20d. Maintenance, repair, and upkeep expenses	20d.	\$0.00
20e. Homeowner's association or condominium dues	20e.	\$0.00

Debtor 1

<b>Kristie</b>	<b>Edna</b>	<b>Bumstead</b>
First Name	Middle Name	Last Name

Case number (*if known*) \_\_\_\_\_21. Other. Specify: See Additional Page21. + \$400.00

## 22. Calculate your monthly expenses.

22a. Add lines 4 through 21.

22a. \$19,984.14

22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2

22b. \$0.00

22c. Add line 22a and 22b. The result is your monthly expenses.

22c. \$19,984.14

## 23. Calculate your monthly net income.

23a. Copy line 12 (your combined monthly income) from *Schedule I*.23a. \$24,510.19

23b. Copy your monthly expenses from line 22c above.

23b. - \$19,984.14

23c. Subtract your monthly expenses from your monthly income.

The result is your *monthly net income*.23c. \$4,526.05

## 24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

 No.

Explain here:

 Yes.

It is reasonably anticipated that certain household expenses and business expenses will increase as the income increases but at a lower rate.

Debtor 1

Kristie	Edna	Bumstead
First Name	Middle Name	Last Name

Case number (if known) \_\_\_\_\_

	Amount
<b>6b. Water, sewer, garbage collection</b>	
Garbage	\$80.00
Water/Sewer	\$150.00
<b>12. Transportation: gas, maintenance, bus or train fare</b>	
Fuel	\$300.00
Maintenance	\$250.00
GoodtoGo	\$20.00
<b>16. Taxes</b>	
RTA Tax	\$150.00
Self Employment Tax	\$3,400.00
<b>21. Other</b>	
Storage Unit	\$200.00
Pet Care	\$200.00

Fill in this information to identify your case:

Debtor 1	<b>Kristie</b> First Name	<b>Edna</b> Middle Name	<b>Bumstead</b> Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<b>Western District of Washington</b>		
Case number (if known)			

Check if this is an amended filing

## Official Form 106Sum

# Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

### Part 1: Summarize Your Assets

		<b>Your assets</b> Value of what you own
1. <i>Schedule A/B: Property</i> (Official Form 106A/B)	1a. Copy line 55, Total real estate, from <i>Schedule A/B</i> .....	\$865,700.00
	1b. Copy line 62, Total personal property, from <i>Schedule A/B</i> .....	\$450,709.66
	1c. Copy line 63, Total of all property on <i>Schedule A/B</i> .....	<b>\$1,316,409.66</b>

### Part 2: Summarize Your Liabilities

		<b>Your liabilities</b> Amount you owe
2. <i>Schedule D: Creditors Who Have Claims Secured by Property</i> (Official Form 106D)	2a. Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of <i>Schedule D</i> .....	\$3,605,017.45
3. <i>Schedule E/F: Creditors Who Have Unsecured Claims</i> (Official Form 106E/F)	3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i> .....	\$7,902.03
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i> .....	+ \$655,512.01
		<b>Your total liabilities</b> <b>\$4,268,431.49</b>

### Part 3: Summarize Your Income and Expenses

4. <i>Schedule I: Your Income</i> (Official Form 106I)	Copy your combined monthly income from line 12 of <i>Schedule I</i> .....	\$24,510.19
5. <i>Schedule J: Your Expenses</i> (Official Form 106J)	Copy your monthly expenses from line 22c of <i>Schedule J</i> .....	\$19,984.14

Debtor 1

Kristie

Edna

Bumstead

First Name

Middle Name

Last Name

Case number (if known) \_\_\_\_\_

**Part 4: Answer These Questions for Administrative and Statistical Records**

**6. Are you filing for bankruptcy under Chapters 7, 11, or 13?**

- No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.  
 Yes

**7. What kind of debt do you have?**

- Your debts are primarily consumer debts.** Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.  
 **Your debts are not primarily consumer debts.** You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

**8. From the Statement of Your Current Monthly Income:** Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

**9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:**

Total claim

**From Part 4 on Schedule E/F, copy the following:**

9a. Domestic support obligations (Copy line 6a.)

9b. Taxes and certain other debts you owe the government. (Copy line 6b.)

9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)

9d. Student loans. (Copy line 6f.)

9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)

9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)

+

9g. **Total.** Add lines 9a through 9f.

Fill in this information to identify your case:

Debtor 1	<b>Kristie</b>	<b>Edna</b>	<b>Bumstead</b>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<b>Western District of Washington</b>		
Case number (if known)			

Check if this is an amended filing

## Official Form 106Dec

### Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

#### Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

- No
- Yes. Name of person \_\_\_\_\_ Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)*.

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

  
**X** \_\_\_\_\_

Kristie Edna Bumstead, Debtor 1

Date 02/06/2024  
MM/ DD/ YYYY

Fill in this information to identify your case:

Debtor 1	<b>Kristie</b> First Name	<b>Edna</b> Middle Name	<b>Bumstead</b> Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<b>Western District of Washington</b>		
Case number (if known)			

Check if this is an amended filing

## Official Form 107

### Statement of Financial Affairs for Individuals Filing for Bankruptcy

04/22

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Give Details About Your Marital Status and Where You Lived Before

##### 1. What is your current marital status?

- Married  
 Not married

##### 2. During the last 3 years, have you lived anywhere other than where you live now?

- No

- Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

Debtor 1:	Dates Debtor 1 lived there	Debtor 2:	Dates Debtor 2 lived there
30506 SE 208th St Number Street	From <u>8/2011</u> To <u>8/2023</u>	<input type="checkbox"/> Same as Debtor 1	<input type="checkbox"/> Same as Debtor 1 From _____ To _____
Maple Valley, WA 98038 City State ZIP Code	Number Street City State ZIP Code	<input type="checkbox"/> Same as Debtor 1	<input type="checkbox"/> Same as Debtor 1 From _____ To _____
Number Street To _____ City State ZIP Code	Number Street To _____ City State ZIP Code	<input type="checkbox"/> Same as Debtor 1	<input type="checkbox"/> Same as Debtor 1 From _____ To _____

##### 3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

- No  
 Yes. Make sure you fill out *Schedule H: Your Codebtors* (Official Form 106H).

Debtor 1 **Kristie** **Edna** **Bumstead** \_\_\_\_\_ Case number (*if known*) \_\_\_\_\_  
 First Name Middle Name Last Name

**Part 2: Explain the Sources of Your Income**

**4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?**

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.

If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

No

Yes. Fill in the details.

	<b>Debtor 1</b>		<b>Debtor 2</b>
	<b>Sources of income</b> Check all that apply.	<b>Gross Income</b> (before deductions and exclusions)	<b>Sources of income</b> Check all that apply.
<b>From January 1 of current year until the date you filed for bankruptcy:</b>	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	<u>\$15,000.00</u>	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business
<b>For last calendar year:</b> (January 1 to December 31, <u>2023</u> ) YYYY	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input checked="" type="checkbox"/> Operating a business	<u>\$15,625.04</u> <u>\$2,087,080.00</u>	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business
<b>For the calendar year before that:</b> (January 1 to December 31, <u>2022</u> ) YYYY	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input checked="" type="checkbox"/> Operating a business	<u>\$89,600.00</u> <u>\$2,087,080.00</u>	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business

**5. Did you receive any other income during this year or the two previous calendar years?**

Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

No

Yes. Fill in the details.

	<b>Debtor 1</b>		<b>Debtor 2</b>
	<b>Sources of income</b> Describe below.	<b>Gross income from each source</b> (before deductions and exclusions)	<b>Sources of income</b> Describe below.

**From January 1 of current year until the date you filed for bankruptcy:** \_\_\_\_\_

**For last calendar year:**  
(January 1 to December 31, 2023)  
YYYY

**For the calendar year before that:**  
(January 1 to December 31, 2022)  
YYYY

Debtor 1 **Kristie Edna Bumstead** Case number (if known) \_\_\_\_\_  
 First Name Middle Name Last Name

**Part 3: List Certain Payments You Made Before You Filed for Bankruptcy**

**6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?**

No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$7,575\* or more?

No. Go to line 7.

Yes. List below each creditor to whom you paid a total of \$7,575\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

\* Subject to adjustment on 4/01/25 and every 3 years after that for cases filed on or after the date of adjustment.

Yes. **Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

No. Go to line 7.

Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

	Dates of payment	Total amount paid	Amount you still owe	Was this payment for...
US Bank Creditor's Name	10/27/23	\$24,146.37	\$0.00	<input type="checkbox"/> Mortgage <input checked="" type="checkbox"/> Car <input type="checkbox"/> Credit card <input type="checkbox"/> Loan repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other _____
Number Street	_____	_____	_____	_____
City State ZIP Code	_____	_____	_____	_____
WilmerHale Creditor's Name	01/30/2024	\$25,000.00	\$0.00	<input type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit card <input type="checkbox"/> Loan repayment <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Other Letter <b>Legal Advisory</b>
2100 Pennsylvania Ave NW Number Street	_____	_____	_____	_____
Washington, DC 20037 City State ZIP Code	_____	_____	_____	_____
Gregory Tendrich, P.A. Creditor's Name	01/24/2024	\$8,927.50	\$0.00	<input type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit card <input type="checkbox"/> Loan repayment <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Other Legal Services
3010 N. Military Trail Suite 210 Number Street	_____	_____	_____	_____
Boca Raton, FL 33431 City State ZIP Code	_____	_____	_____	_____

Debtor 1 **Kristie** **Edna** **Bumstead** \_\_\_\_\_ Case number (if known) \_\_\_\_\_

First Name Middle Name Last Name

**7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?**

Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

No

Yes. List all payments to an insider.

	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
Bumstead, Michael and Diane Insider's Name	02/15/2023	\$114,380.00	\$226,019.00	Payments on various loans to debtors from non-filing spouse's parents over the years.
63 Small Island Ln Number Street	08/17/2023			
Lopez Island, WA 98261 City State ZIP Code	08/31/2023			
Bumstead, Michael and Diane Insider's Name	06/13/2023	\$8,700.00	\$0.00	Proceeds from the sale of NFS's parents' Polaris UTV to a third party. NFS facilitated the sale, collected the money, and paid it to his parents. Parents were not really a creditor but disclosure is being made because the funds did pass through Debtor's bank account with NSF acting as a fiduciary/implied trustee.
63 Small Island Ln Number Street				
Lopez Island, WA 98261-8757 City State ZIP Code				

**8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?**  
Include payments on debts guaranteed or cosigned by an insider.

No

Yes. List all payments that benefited an insider.

	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment Include creditor's name
Insider's Name				
Number Street				
City State ZIP Code				

**Part 4: Identify Legal Actions, Repossessions, and Foreclosures**

**9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?**

List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

No

Yes. Fill in the details.

Debtor 1	Kristie	Edna	Bumstead	Case number (if known)		
	First Name	Middle Name	Last Name			
				Nature of the case	Court or agency	Status of the case
Case title	LPL Financial LLC vs Matthew Bumstead <u>(non-filing spouse)</u>			Dispute regarding an advance in non-filing spouse's employment.	FINRA Dispute Resolution, Inc	<input checked="" type="checkbox"/> Pending
Case number	<u>23-00684</u>			Court Name	<input type="checkbox"/> On appeal	
				Number Street	<input type="checkbox"/> Concluded	
				City	State	ZIP Code

**10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?**  
Check all that apply and fill in the details below.

No. Go to line 11.

Yes. Fill in the information below.

Describe the property		Date	Value of the property
Creditor's Name			
Number	Street		
City State ZIP Code			
<b>Explain what happened</b>			
<input type="checkbox"/> Property was repossessed. <input type="checkbox"/> Property was foreclosed. <input type="checkbox"/> Property was garnished. <input type="checkbox"/> Property was attached, seized, or levied.			

**11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?**

No

Yes. Fill in the details.

Describe the action the creditor took		Date action was taken	Amount taken
Creditor's Name			
Number	Street		
City State ZIP Code			
Last 4 digits of account number: XXXX-_____			

**12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?**

No

Yes

Debtor 1 **Kristie** **Edna** **Bumstead** \_\_\_\_\_ Case number (if known) \_\_\_\_\_

**Part 5: List Certain Gifts and Contributions**

**13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?**

No

Yes. Fill in the details for each gift.

<b>Gifts with a total value of more than \$600 per person</b>	<b>Describe the gifts</b>	<b>Dates you gave the gifts</b>	<b>Value</b>
Person to Whom You Gave the Gift _____ _____ _____			
Number Street _____ _____			
City _____ State _____ ZIP Code _____			

Person's relationship to you \_\_\_\_\_

**14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?**

No

Yes. Fill in the details for each gift or contribution.

<b>Gifts or contributions to charities that total more than \$600</b>	<b>Describe what you contributed</b>	<b>Date you contributed</b>	<b>Value</b>
The Church of Jesus Christ of Latter-day Saints Charity's Name _____ _____	Tithing	Last 24 Mos	\$30,718.00
50 E N Temple St FL 15 Number Street _____ _____			
Salt Lake City, UT 84150 City State ZIP Code			

<b>Gifts or contributions to charities that total more than \$600</b>	<b>Describe what you contributed</b>	<b>Date you contributed</b>	<b>Value</b>
Boy Scouts of America Charity's Name _____ _____	Contributions	Last 24 mos	\$2,000.00
Number Street _____ _____			
City State ZIP Code			

Debtor 1 **Kristie** **Edna** **Bumstead** \_\_\_\_\_ Case number (if known) \_\_\_\_\_

**Part 6: List Certain Losses**

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?

No

Yes. Fill in the details.

Describe the property you lost and how the loss occurred	Describe any insurance coverage for the loss	Date of your loss	Value of property lost
Include the amount that insurance has paid. List pending insurance claims on line 33 of <i>Schedule A/B: Property</i> .			

**Part 7: List Certain Payments or Transfers**

16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

No

Yes. Fill in the details.

Law Office of Mark McClure, PS	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
Person Who Was Paid 1103 W Meeker St 101 Number Street Kent, WA 98032 City State ZIP Code	Credit Report - Disbursement; Consultation/analysis re Insolvency/reorganization.; Consultation/analysis re Insolvency/reorganization.; Attorney's Fees; Attorney's Fees	12/27/2023 10/12/2023 1/23/2024 02/06/2024 02/06/2024	\$90.00 \$4,228.50 \$10,497.00 \$8,446.50 \$8,446.50
Email or website address Bumstead Person Who Made the Payment, if Not You			

17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?

Do not include any payment or transfer that you listed on line 16.

No

Yes. Fill in the details.

	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
Person Who Was Paid			
Number Street			
City State ZIP Code			

Debtor 1 **Kristie** **Edna** **Bumstead** \_\_\_\_\_ Case number (if known) \_\_\_\_\_

First Name Middle Name Last Name

**18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?**

Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property).  
Do not include gifts and transfers that you have already listed on this statement.

No

Yes. Fill in the details.

Description and value of property transferred	Describe any property or payments received or debts paid in exchange	Date transfer was made
Duffy's Auto Brokerage Auburn Person Who Received Transfer  3204 Auburn Way N Number Street  Auburn, WA 98002 City State ZIP Code	F350 super duty diesel 2021  Sold for about \$57k - Consignment sale through Duffy Auto Dealership in Auburn WA. US Bank Loan secured by vehicle for about \$24k was paid off. Debtors netted \$32,761.84	November 2023
Clarity Tax Group, LLC Person Who Received Transfer  1910 120TH PL SE STE 201 Number Street  Everett, WA 98208 City State ZIP Code	CLARITY TAX MANAGEMENT P.S.  Debtors received \$20k; Phillip Multop (shareholder creditor) received \$100k.	
Craigslist Purchaser Person Who Received Transfer  unknown Number Street  City State ZIP Code	\$5,000 - Sheffield Financial was paid off; balance was used to live on.  Side-by-side offroad vehicle with trailer.	Summer 2023
Chase Sensky Person Who Received Transfer  30506 SE 208th St Number Street  Maple Valley, WA 98038 City State ZIP Code	Sale of former Residence  30506 SE 208th St, Maple Valley, WA 98038. Sold for \$1,791,802.92; net of \$603,455. Funds deposited into Debtors US Bank 9499 Account; Bridge Loan for purchase of new home \$240k was paid off; About \$110k of credit cards paid; Funds to Husband's Parents - See SOFA; other;	8/17/2023
Person's relationship to you None		
Person's relationship to you none		
Person's relationship to you None		

Debtor 1 **Kristie** **Edna** **Bumstead** \_\_\_\_\_ Case number (if known) \_\_\_\_\_  
 First Name Middle Name Last Name

**19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.)**

No

Yes. Fill in the details.

Description and value of the property transferred	Date transfer was made
Name of trust _____	_____
_____	_____

#### Part 8: List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units

**20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?**

Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

No

Yes. Fill in the details.

Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
US Bank Name of Financial Institution P.O. Box 5229 Number Street  Cincinnati, OH 45201 City State ZIP Code	XXXX- <u>m</u> <u>e</u> <u>n</u> <u>t</u>  <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other _____	8/4/2023	\$301.46
Boeing Ecu Name of Financial Institution Po Box 97050 Number Street  Seattle, WA 98124 City State ZIP Code	XXXX- <u>7</u> <u>1</u> <u>4</u> <u>3</u>  <input type="checkbox"/> Checking <input checked="" type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other _____	01/16/2024	\$24.00
Boeing Ecu Name of Financial Institution Po Box 97050 Number Street  Seattle, WA 98124 City State ZIP Code	XXXX- <u>7</u> <u>1</u> <u>5</u> <u>1</u>  <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other _____	01/16/2024	\$2,300.00

Debtor 1	Kristie	Edna	Bumstead	Case number (if known) _____
	First Name	Middle Name	Last Name	
	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
US Bank				
Name of Financial Institution	XXXX- 9 1 1 8	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other _____	02/05/2024	\$1,226.00
Number Street				
City State ZIP Code				
US Bank				
Name of Financial Institution	XXXX- 7 4 1 8	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other _____	02/05/2024	\$2.57
Number Street				
WA				
City State ZIP Code				
Security American				
Name of Financial Institution	XXXX- 0 4 8 8	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage  UTMA - Brokerage Account for <input checked="" type="checkbox"/> Other Minor 01	10/2023	\$6,682.93
Number Street				
City State ZIP Code				
Security America				
Name of Financial Institution	XXXX- 3 6 9 9	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage  UTMA - Brokerage <input checked="" type="checkbox"/> Other Account	10/2023	\$7,387.00
Number Street				
City State ZIP Code				

21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

No

Yes. Fill in the details.

Debtor 1	<b>Kristie</b>	<b>Edna</b>	<b>Bumstead</b>	Case number ( <i>if known</i> ) _____		
	First Name	Middle Name	Last Name			
				<b>Who else had access to it?</b>	<b>Describe the contents</b>	<b>Do you still have it?</b>
<u>Name of Financial Institution</u>		<u>Name</u>		<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		
<u>Number</u>	<u>Street</u>	<u>Number</u>	<u>Street</u>			
				<u>City</u>	<u>State</u>	<u>ZIP Code</u>
<u>City</u>		<u>State</u>		<u>ZIP Code</u>		

**22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?**

No

Yes. Fill in the details.

				<b>Who else has or had access to it?</b>	<b>Describe the contents</b>	<b>Do you still have it?</b>
<u>Name of Storage Facility</u>		<u>Name</u>		<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		
<u>Number</u>		<u>Street</u>				
				<u>City</u>	<u>State</u>	<u>ZIP Code</u>
<u>City</u>		<u>State</u>		<u>ZIP Code</u>		
				Holiday decor, son's military gear, camping gear, home decor, food storage.		

**Part 9: Identify Property You Hold or Control for Someone Else**

**23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.**

No

Yes. Fill in the details.

<b>Where is the property?</b>	<b>Describe the property</b>	<b>Value</b>			
<u>Minor 01</u>	UBC UTMA account for minor child x3700 as of 2/5/2024 (rollover from Security America 0489)	<u>\$10,547.00</u>			
<u>Owner's Name</u>					
<u>Number</u>	<u>Street</u>				
<u>City</u>	<u>State</u>	<u>ZIP Code</u>			
<u>City</u>		<u>State</u>		<u>ZIP Code</u>	
Sumner, WA 98390					
<u>City</u>		<u>State</u>		<u>ZIP Code</u>	

Debtor 1	Kristie	Edna	Bumstead	Case number (if known)
	First Name	Middle Name	Last Name	
Where is the property?				Describe the property
Minor 02 Owner's Name 6229 Bock Avenue Number Street  Sumner, WA 98390 City State ZIP Code	Number Street  City State ZIP Code	USB UTMA account for minor child x3701 - rollover from Security America UTMA 0488	Value \$7,320.00	
Minor01 Owner's Name 6229 Bock Avenue Number Street  Sumner, WA 98390 City State ZIP Code	Number Street  City State ZIP Code	US Bank Checking Account X1653 as of 2/5/2024	\$4.65	
Minor 02 Owner's Name 6229 Bock Avenue Number Street  Sumner, WA 98390 City State ZIP Code	Number Street  City State ZIP Code	US Bank Savings x7482	\$622.83	
Minor 02 Owner's Name 6229 Bock Avenue Number Street  Sumner, WA 98390 City State ZIP Code	Number Street  City State ZIP Code	US Bank Savings x7474	\$860.38	

#### Part 10: Give Details About Environmental Information

For the purpose of Part 10, the following definitions apply:

- *Environmental law* means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- *Site* means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- *Hazardous material* means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

No

Yes. Fill in the details.

Debtor 1	<b>Kristie</b>	<b>Edna</b>	<b>Bumstead</b>	Case number ( <i>if known</i> ) _____		
	First Name	Middle Name	Last Name			
				<b>Governmental unit</b>	<b>Environmental law, if you know it</b>	<b>Date of notice</b>
Name of site		Governmental unit				
Number	Street	Number	Street			
		City      State      ZIP Code				
City		State      ZIP Code				

**25. Have you notified any governmental unit of any release of hazardous material?**

No

Yes. Fill in the details.

<b>Governmental unit</b>	<b>Environmental law, if you know it</b>	<b>Date of notice</b>
Name of site	Governmental unit	
Number      Street	Number      Street	
City      State      ZIP Code		
City	State      ZIP Code	

**26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.**

No

Yes. Fill in the details.

<b>Court or agency</b>	<b>Nature of the case</b>	<b>Status of the case</b>
Case title _____	Court Name	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
Case number _____	Number      Street	
Case number _____	City      State      ZIP Code	

Debtor 1 **Kristie** **Edna** **Bumstead** Case number (if known) \_\_\_\_\_  
 First Name Middle Name Last Name

**Part 11: Give Details About Your Business or Connections to Any Business**

**27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?**

- A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time  
 A member of a limited liability company (LLC) or limited liability partnership (LLP)  
 A partner in a partnership  
 An officer, director, or managing executive of a corporation  
 An owner of at least 5% of the voting or equity securities of a corporation  
 No. None of the above applies. Go to Part 12.

Yes. Check all that apply above and fill in the details below for each business.

<u>CLARITY CAPITAL MANAGEMENT CORPORATION</u> Name  <u>6229 Bock Avenue</u> Number Street  <u>Sumner, WA 98390</u> City State ZIP Code	<b>Describe the nature of the business</b>  Brokerage; no longer doing business	<b>Employer Identification number</b> Do not include Social Security number or ITIN.  EIN: <u>8 1 - 0 7 8 2 2 9 1</u>
	<b>Name of accountant or bookkeeper</b>	<b>Dates business existed</b>  From <u>01/04/2016</u> To <u>                  </u>
<u>CLARITY TAX MANAGEMENT P.S.</u> Name  <u>6229 Bock Avenue</u> Number Street  <u>Sumner, WA 98390</u> City State ZIP Code	<b>Describe the nature of the business</b>  Bookkeeping and Tax Preparation; assets sold 12/2023	<b>Employer Identification number</b> Do not include Social Security number or ITIN.  EIN: <u>8 5 - 1 1 1 6 6 5 9</u>
	<b>Name of accountant or bookkeeper</b>	<b>Dates business existed</b>  From <u>10/27/202</u> To <u>12/31/2023</u>
<u>DBA CLARITY CAPITAL MANAGEMENT</u> Name  <u>909 Alder Ave</u> Number Street  <u>Sumner, WA 98390</u> City State ZIP Code	<b>Describe the nature of the business</b>  Financial Services	<b>Employer Identification number</b> Do not include Social Security number or ITIN.  EIN: <u>9 3 - 4 0 4 9 0 5 8</u>
	<b>Name of accountant or bookkeeper</b>  Leah Gaye	<b>Dates business existed</b>  From <u>10/2023</u> To <u>                  </u>

**28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.**

No

Yes. Fill in the details below.

Debtor 1	<b>Kristie</b>	<b>Edna</b>	<b>Bumstead</b>	Case number ( <i>if known</i> ) _____
	First Name	Middle Name	Last Name	
<b>Date issued</b>				
Name _____		MM / DD / YYYY _____		
Number Street _____				
<hr/>				
City _____		State _____	ZIP Code _____	

**Part 12: Sign Below**

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

*Kristie Edna Bumstead*  
**X** \_\_\_\_\_

Signature of Kristie Edna Bumstead, Debtor 1

Date 02/06/2024

**Did you attach additional pages to your *Statement of Financial Affairs for Individuals Filing for Bankruptcy* (Official Form 107)?**

No

Yes

**Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?**

No

Yes. Name of person \_\_\_\_\_

Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

United States Bankruptcy Court  
Western District of Washington

In re Bumstead, Kristie Edna

Case No. \_\_\_\_\_

Debtor Chapter \_\_\_\_\_ 11

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR**

1. Pursuant to 11 U .S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept ..... \$23,262.00

Prior to the filing of this statement I have received ..... \$23,262.00

Balance Due ..... \$0.00

2. The source of the compensation paid to me was:

Debtor  Other (specify) Initial \$10k retainer paid by husband's parents - debtors repaid those funds per agreement.

3. The source of compensation to be paid to me is:

Debtor  Other (specify)

4.  I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

I have agreed to share the above-disclosed compensation with a other person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor' s financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

02/06/2024  
*Date*

/s/ Mark Charles McClure  
Mark Charles McClure  
*Signature of Attorney*

Bar Number: 24393  
Law Office of Mark McClure, PS  
1103 W Meeker St 101  
Kent, WA 98032  
Phone: (253) 631-6484

Law Office of Mark McClure, PS  
*Name of law firm*

IN THE UNITED STATES BANKRUPTCY COURT  
WESTERN DISTRICT OF WASHINGTON  
TACOMA DIVISION

IN RE: **Bumstead, Kristie Edna**

CASE NO

CHAPTER 11

**VERIFICATION OF CREDITOR MATRIX**

The above named Debtor hereby verifies that the attached list of creditors is true and correct to the best of his/her knowledge.

Date 02/06/2024

Signature

*Kristie Edna Bumstead*

Kristie Edna Bumstead, Debtor

**2210 Rimland LLC**  
c/o TALBOT REAL ESTATE, L.L.C.  
2219 RIMLAND DR STE 115  
Bellingham, WA 98226-8661

**Bank of America**  
Attn: Bankruptcy  
4909 Savarese Circle  
Tampa, FL 33634

**Barclays**  
Attn: Bankruptcy  
PO Box 8801  
Wilmington, DE 19899

**Boeing Employees C U**  
Po Box 97050  
Seattle, WA 98124

**Matthew Thomas Bumstead**  
6229 Bock Avenue  
Sumner, WA 98390

**Capital One**  
Attn: Bankruptcy  
PO Box 30258  
Salt Lake City, UT 84130

**Cbna**  
Attn: Bankruptcy  
P.O. Box 6497  
Sioux Falls, SD 57117

**Chase Card Services**  
Attn: Bankruptcy  
P.O. 15298  
Wilmington, DE 19850

**Citibank/ The Home Depot**  
Citicorp Cr Svcs/Centralized Bankruptcy  
PO Box 790040  
St Louis, MO 63179

**CLARITY CAPITAL  
MANAGEMENT CORPORATION**  
6229 Bock Avenue 110  
Sumner, WA 98390

**Comenity Bank/ Eddie Bauer**  
Attn: Bankruptcy  
PO Box 182125  
Columbus, OH 43218

**Davis & Goldmark, Inc.**  
PO Box 2009  
Riverside, CA 92516

**Department of Labor &  
Industries**  
Collections  
P.O. Box 44171  
Olympia, WA 98504

**Department of Revenue**  
Bankruptcy/Claims  
2101 4th Ave Ste 1400  
Seattle, WA 98121-2300

**Department of the Treasury**  
Internal Revenue Service  
Internal Revenue Service  
Ogden, UT 84201

**Directors Mortgage**  
4550 SW Kruse Way Suite 275  
Lake Oswego, OR 97035

**Discover Financial**

Attn: Bankruptcy  
PO Box 3025  
New Albany, OH 43054

**Employment Security  
Department**

UI Tax Admin  
P.O. Box 9046  
Olympia, WA 98507-9046

**Express Employment  
Professionals**

841 Central Avenue North # C-115  
Kent, WA 98032

**FINRA Dispute Resolution,  
Inc**

300 S Grand Ave Ste 1700  
Los Angeles, CA 90071-3127

**Gary Richardson**

2360 Boy Scout Road  
Clearwater, FL 33763

**Gregory Tendrich, Esquire**

3010 N. Military Trail Suite 210  
Boca Raton, FL 33431

**Harborstone Credit Union**

PO Box 4207  
Tacoma, WA 98438

**Helium Advisors**

Attn: Howard Morin  
7047 E. Greenway Parkway; Ste 250  
Scottsdale, AZ 85254

**Horizon Credit Union**

Attn: Bankruptcy  
3224 E Mansfield Ave  
Spokane Valley, WA 99216

**J AND M SUMNER  
PROPERTIES, LLC**

8015 118TH CT SE  
Renton, WA 98056

**JSH Properties, Inc.**

Attn: Cory O'Brien  
509 Olive Way, Suite 1011  
Seattle, WA 98101

**Kohls/ Capital One**

Attn: Credit Administrator  
PO Box 3043  
Milwaukee, WI 53201

**Kreider Hughes Law, PLLC**

Attention: Patrice Kreider-Hughes  
P.O. Box 27372  
Seattle, WA 98165

**Law Office of Benjamin E.  
Kelly**

9218 Roosevelt Way NE  
Seattle, WA 98115

**Live Oak Banking Co.**

1741 Tiburon Dr  
Wilmington, NC 28403

**LPL Financial LLC**

4707 Executive Dr  
San Diego, CA 92121

**Lumen / Century Link**

PO Box 52187  
Phoenix, AZ 85072

**Macy's/ fdsb**

Attn: Bankruptcy  
9111 Duke Boulevard  
Mason, OH 45040

**Markun Zusman Comptom**

Attn: Rick Smith  
465 California St Ste 401  
San Francisco, CA 94104-1812

**Michael and Diane Bumstead**

63 Small Island Ln  
Lopez Island, WA 98261-8757

**Multicare Health Systems**

PO Box 102809  
Pasadena, CA 91189

**Nitrogen Wealth**

470 Nevada Street  
Auburn, CA 95603

**Pacific Life Insurance**

P.O. Box 9000  
Newport Beach, CA 92658-9030

**Pacific Office Automation**

1111 Old Eagle School Rd  
Wayne, PA 19087

**Phillip E. Multop**  
100 Easy Street Unit # 2148  
Carefree, AZ 85377

**Pitney Bowes Global Financial Services**

Attn Customer Service Department  
55 Jewelers Park Dr. Ste 300  
Neenah, WI 54956

**Pitney Bowes Global Financial Services LLC**

Attn Customer Service Department  
55 Jewelers Park Dr. Ste 300  
Neenah, WI 54956

**Romero Park P.S.**

1019 W James St, Ste 102  
Kent, WA 98032

**Service Finance Company**

Attn: Bankruptcy  
PO Box 3025  
New Albany, OH 43054

**Small Business Administration**

2401 4th Ave Ste 450  
Seattle, WA 98121

**Small Business Administration**

Attention Bankruptcy  
2401 4th Ave Ste 450  
Washington, DC 20416

**Stericycle, Inc**

28883 Network Place  
Chicago, IL 60673-1288

**Synchrony Bank/ Old Navy**

FL 32896

Attn: Bankruptcy  
Orlando,  
Po Box 965060

**Synchrony Bank/ JCPenney**

FL 32896

Attn: Bankruptcy  
Orlando,  
Po Box 965060

**Synchrony Bank/ Lowes**

FL 32896

Attn: Bankruptcy  
Orlando,  
Po Box 965060

**Synchrony Bank/ TJX**

Attn: Bankruptcy Dept

PO Box 965060  
Orlando, FL 32896

**Synchrony/ PayPal Credit**

FL 32896

Attn: Bankruptcy  
Orlando,  
PO Box 965060

**Synovus Bank**

Attn: Bankruptcy  
1111 Bay Avenue  
Columbus, GA 31901

**Talbot Group/ Barkley Village**

Attn: Leah Macaleer

2219 Rimland Dr Suite 115  
Bellingham, WA 98226

**US Bank/ RMS**

Attn: Bankruptcy

PO Box 5229  
Cincinnati, OH 45201

**Van Doren's Landing Office  
Plaza LLC**

c/o JSH Properties, Inc.  
509 OLIVE WAY, STE 1011  
Seattle, WA 98101-1710

**Whatcom Educational Credit  
Union**

Attn: Bankruptcy  
PO Box 9750  
Bellingham, WA 98227